



CONSULATE GENERAL OF GRENADA

APPLICATION REQUIREMENTS FOR CHANGE OF NAME ON VALID CARIBBEAN COMMUNITY GRENADA ePASSPORT

- 1 Please read and follow instructions on the first page of application form. IF MAILING YOUR APPLICATION, PLEASE USE AN EXPRESS SERVICE THAT CAN BE TRACKED.
- 2 Applicant **MUST** sign the form in the space provided above **Section 1** and in **Section 10**.
- 3 Applications **MUST** be handwritten, using a **BLUE** or **BLACK** ink and in **BLOCK CAPITAL** letters.
- 4 Applicant **MUST** complete Sections **1, 3, 4, 5, 7, 10 & 11** and if applicable Sections 2, 8, and 9.
- 5 Applicants who are married, divorced or separated **MUST** also complete Section 2.
- 6 Applicants born outside of Grenada **MUST** also complete Section 4.
- 7 **Section 11:** – **MUST** be completed by your Recommender. Your **Recommender, CANNOT** be a **relative** (*direct or in-law*) of the applicant and **MUST** also endorse the reverse side of **ONE** of applicant's photos as indicated in the instructions on the first page of the application. See Section **RECOMMENDER and PHOTOGRAPHS** sections of Passport Application Instructions for details (*"I certify that this is a true likeness of the passport holder Mr./Mrs./Miss"*). Should you not live near a Grenadian who can be your Recommender, please have a Professional who has known you for at least **three (3) years** and **is not a relative (direct or in-law)** complete Section 11 and draw a line through "Grenada" and insert their country of citizenship.
- 8 Two passport size pictures no more than **six (6) months** old **MUST** be submitted with application. The **Recommender** in **Section 11** **MUST** endorse the reverse side of one of the pictures. See **Item 7** above for details.
- 9 **Specifications for photographs:**
 - i. No glasses.
 - ii. No hair bands visible.
 - iii. No big earrings.
 - iv. Ears must be visible.
 - v. Hair must be away from face and not covering the forehead.
 - vi. Chest must be covered.
- 10 Children under the age of 16 years **MUST** have written consent of parent/legal guardian when applying for a passport.
- 11 Female **AND** male applicants if *married*, **MUST** supply their **ORIGINAL** Marriage Certificate. If *divorced* please supply **ORIGINAL** Divorce Decree. **All documents will be returned with new passport.** If previously submitted with application, you are not required to submit these documents again.

12 Applicant MUST:

- i. Provide **ORIGINAL** Birth Certificate (*if not supplied previously*), and/or
- ii. Provide Certificate of Naturalization or Registration (*if not supplied previously*), and
- iii. Provide document with name change (*Marriage Certificate, Adoption Certificate, Deed Poll etc.*), and
- iv. **Must** surrender current passport with application.

Fee Schedule Updated 1st November 2019**PLEASE READ ALL INSTRUCTIONS ON APPLICATION FORM FOR FURTHER DETAILS**

CARIBBEAN COMMUNITY GRENADA PASSPORT FEE SCHEDULE <i>within the USA</i>	
ITEM	FEES
Caribbean Community Grenada Passport (36-page passport)	US\$500.00
Express Service Fee (<i>returns within five business days</i>)	US\$50.00
Urgent Service Fee (<i>returns within four business days</i>)	US\$100.00

RETURN POSTAGE AND HANDLING FEES (<i>if you live within the USA mainland</i>)	
Overnight Express Mail	US\$ 45.00
RETURN POSTAGE AND HANDLING FEES (<i>if you live outside the USA mainland</i>)	
International Express Mail	US\$ 75.00
<p align="center"><u>NO</u> PERSONAL OR COMPANY CHECKS ARE ACCEPTED CASH ACCEPTED IN PERSON ONLY CERTIFIED CHECKS AND MONEY ORDERS (PAYABLE TO EMBASSY OF GRENADA)</p>	
<p align="center">PASSPORT APPLICATION FEES AND COURIER FEES <u>MUST</u> BE SEPARATE MONEY ORDERS OR ENTIRE APPLICATION WILL BE RETURNED</p>	

Failure to follow all the preceding instruction will result in unnecessary delays in processing and obtaining your Passport.

MAIL TO:**CONSULATE GENERAL OF GRENADA**

11900 Biscayne Boulevard, Suite 740 | North Miami, FL 33181-2733

Tel. (305) 570-2716 | Fax. (305) 397-2441

Email: GrenadaConsulateMiami@gmail.com • Website: <http://www.GrenadaConsulateMiami.org>



PART A

INSTRUCTIONS FOR COMPLETION OF CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

(regulations 3 and 4)

GENERAL INSTRUCTIONS

- All relevant sections must be completed.
- Answers should be clearly written in CAPITAL LETTERS.
- Where an applicant is outside of the State of Grenada, he or she may submit an application at the nearest Embassy, Consulate or Mission office.

SIGNING THE FORM

- The passport holder must sign the form in the space provided above Section 1 and in section 10. If the passport holder is unable to sign, the space must remain blank.
- In the case of a passport holder under 16 years old, the legal guardian of the passport holder must sign section 10.

PASSPORT HOLDER UNDER 16 YEARS OLD OR WITH INCAPACITY

- An application for a passport holder under 16 years old must be made by or with the written consent of the legal guardian of the passport holder i.e. the parent or the individual who has legal custody and proof of legal custody is required.
- Where a passport holder is at least 16 years old but is unable to complete the form as a result of mental incapacity, the application must be made by or with the consent of the legal guardian of the passport holder i.e. the parent or the individual who has legal guardianship and proof of legal guardianship is required.
- Where a passport holder is at least 16 years old but is unable to complete the form as a result of physical incapacity, the application may be made by the next of kin i.e. the spouse, parent, child, sibling or other individual empowered by a Power of Attorney.

RECOMMENDER

- Section 11 should be completed by the recommender.
- The recommender should be a Citizen of Grenada who is personally acquainted with the passport holder, and is a Member of Parliament, Justice of the Peace, Minister of Religion, Medical or Legal Practitioner, Established Civil Servant, Principal and other qualified Teachers, Bank Official, Police Officer from the rank of Sergeant, or any person of similar standing.
- A recommender who is not a Citizen of Grenada is acceptable only if he or she is a Legal Practitioner.
- In case of a passport holder under 16 years or a person with mental incapacity, the recommender should be personally acquainted with the legal guardian of the passport holder for at least 2 years.
- A member of the passport holder's immediate family is unacceptable as a recommender.

DOCUMENTS TO BE PRODUCED

- Every passport holder must produce his or her *birth certificate*.
- Where the passport holder was not born in Grenada, he or she must produce the document establishing that he or she is a citizen of Grenada (e.g. the *birth certificate of the passport holder's parent* who was born in Grenada, a *certificate of naturalization*, *registration* or *investment* issued by Grenada to the passport holder or his or her parent).
- Where the passport holder is married, he or she must produce the *marriage certificate* and, if applicable, the *divorce certificate* or *death certificate of the spouse*.
- Where the passport holder is an adopted child, he or she must produce the *adoption certificate*.
- Where the passport holder has changed his or her name (other than by marriage), he or she must produce the document giving effect to the change (e.g. a *deed poll*) and his or her birth certificate should reflect the change to his or her name.
- Where a passport holder's previous passport has been lost, stolen or damaged, he or she must submit with the application a *police report* or *Statutory Declaration* outlining the circumstances. Additionally, the passport holder must re-submit all relevant documents.
- All documents (other than photographs and a previous passport) must be submitted in original, along with a photocopy.
- A passport holder who surrenders with the application a *previous Caribbean Community Grenada passport* is not required to produce any other document other than the photographs, unless the passport holder's name or status was changed subsequent to the issue of the previous passport.

PHOTOGRAPHS

- Every passport holder must either produce *two (2) photographs* of his or her portrait taken within *six (6) months* of the application or submit to live capture of his or her portrait.
- Where the passport holder elects to produce photographs:
 - Photographs must be not *more than 2½in x 2in* or *less than 2in x 1½in*.
 - The portrait must be with full face from bottom of chin to top of forehead clearly visible with full facial features, and without headdress unless in keeping with religious customs.
 - Photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.

The recommender is required to endorse the reverse side of one copy of the photographs with the words: "*I certify that this is a true likeness of the passport holder* "Mr./Mrs./Miss....." and add his or her signature.



PART B

(regulations 3 and 4)

CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

Signature of Passport Holder in the middle of the space provided.

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X

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(Leave this space blank if applying for a passport for a person unable to sign.)

1	PERSONAL DATA				
TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify:.....)		MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Re-married <input type="checkbox"/> Separated			
LAST NAME (Family Name):		FIRST, SECOND, THIRD NAME(S):			
MAIDEN NAME (if Married Female):		ORIGINAL NAME (if name changed other than by marriage):			
Date of Birth (dd/mm/yy):/...../.....		Place of Birth:	Age Last Birthday:	Nationality:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. ins.	Colour of Eyes:	Colour of Hair:	Special Peculiarities (Visible):	
Country of Residence:	Present Address:	Permanent Address:	Telephone:		
Occupation:			Fax:		
			E-mail:		
2	IF MARRIED, DIVORCE, SEPARATED OR WIDOWED, INFORMATION ON SPOUSE OR FORMER SPOUSE				
LAST NAME (Family Name):		FIRST, SECOND, THIRD NAME(S):			
MAIDEN NAME (if Female):		Country of Birth:	Nationality:		
Date of Marriage (dd/mm/yy):/...../.....	Place of Marriage:		Occupation:		
Permanent Address:	Mailing Address:		Telephone:		
			Fax:		
			Email:		
State whether married more than once (If more than once, particulars of previous marriage or marriages should be given in section 9 on page 3.)					

3	PARTICULARS OF PARENTS			
	FATHER			
	Last Name:		First and Second Name(s):	
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:	
	MOTHER			
	Last Name:		First and Second Name(s):	
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:	
	MARRIAGE			
Date of Marriage (dd/mm/yy):		Place of Marriage:	Country of Marriage:	
4	CITIZENSHIP OF PASSPORT HOLDER			
	Citizen of Grenada by:			
	<input type="checkbox"/> Birth	<input type="checkbox"/> Naturalization	<input type="checkbox"/> Investment	
	<input type="checkbox"/> Descent	<input type="checkbox"/> Registration		
	<i>If a citizen of Grenada by birth, attach birth certificate of passport holder.</i>			
	<i>If a citizen of Grenada by descent, attach birth certificate of parent(s), or give particulars of certificate of naturalization, registration or investment and attach a certified copy thereof.</i>			
	Type of Certificate:	Certificate No.	Date of Issue (dd/mm/yy):	Place of Issue:
	<i>If a citizen of Grenada by naturalization, registration or investment, give particulars of certificate naturalization, registration or investment and attach a certified copy of same.</i>			
Type of Document:	Document No.	Date of Issue (dd/mm/yy):	Place of Issue:	
5	PASSPORT REQUIRED FOR TRAVELLING TO:			
	PURPOSE OF TRAVEL:			
6	IF PREVIOUS PASSPORT LOST, STOLEN OR DAMAGED			
	Passport No:	Full name at issue:	Place of Issue:	Date of Issue (dd/mm/yy):
	Place of loss:	Date of loss (dd/mm/yy):	Has loss been reported to the Police? <i>(If yes, attach copy of police report)</i>	
	How did loss occur?			
	What measures were taken at time to report loss and to obtain recovery?			

7	CONTACT IN CASE OF EMERGENCY		
	Full Name:	Address:	Telephone:
			Fax:
	Relationship:		Email:
8	IF MINOR OR PERSON WITH MENTAL INCAPACITY, LEGAL GUARDIAN'S CONSENT		
	<p>I (name of legal guardian) the (relationship) of (name of passport holder) hereby give my consent for him or her to hold a passport.</p> <p>Signature</p> <p><i>(Where legal guardian unable to sign the form, a consent letter may be submitted with the form.)</i></p>		
9	SUPPLEMENTARY INFORMATION		
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
10	DECLARATION OF APPLICANT		
	<p><input type="checkbox"/> I declare that the information given in the application is correct to the best of my knowledge and belief, and</p> <p><input type="checkbox"/> That the passport holder has not lost the status of citizen of Grenada, and</p> <p><i>Choose one of the following:</i></p> <p><input type="checkbox"/> That the passport holder has not held or applied for any passport whatsoever.</p> <p><input type="checkbox"/> That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number which is now attached and that I have made no other application for a passport since the passport or travel document was issued to me.</p> <p><input type="checkbox"/> That the passport holder has lost the previous passport.</p> <p>I certify that I have read and understood all the questions set forth in this application and the answers that I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false, incomplete or misleading information may result in delays in the issuance of a passport and can lead to having criminal proceedings taken against me. I understand that a passport is the property of the Government of Grenada and can be recalled at any time.</p> <p>Signature: Date:</p> <p>Relationship of applicant to passport holder:</p>		

11	<p>DECLARATION OF RECOMMENDER</p> <p>I (name in capitals) a citizen of Grenada/an attorney-at-law declare that to the best of my knowledge and belief that declaration with respect to and the description of Mr./Mrs./Miss. are true and that I can from my personal knowledge of him/her vouch for him/her as a fit and proper person to receive a passport.</p> <p>I have known the passport holder [or in the case of a person under 16 years or with a mental incapacity I have known the applicant Mr./Mrs./Miss.] for years.</p> <p>This day of 20..... Signature:</p> <p>Profession: Address:</p> <p>.....</p> <p>Telephone No: E-mail:</p>
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FOR OFFICIAL USE ONLY				
DOCUMENTS PRODUCED TO BE NOTED:				
Passport Holder's Birth Certificate	Previous Passport	Parent(s) Birth Certificate	Marriage Certificate	Affidavit
Divorcee Certificate	Certificate of Registration, Naturalization or Investment	Letter of Consent	Deed Poll	Photos
OTHER DOCUMENTS				
PLACE WHERE APPLICATION WAS RECEIVED:				
St. George's, Grenville, Carriacou, Gouyave, New York, Washington, London, Canada, Venezuela, Trinidad, Other (specify)				
Receipt No. Received by Date Checked & Approved by Date Supervised by Date Passport No. Date Issued Date Expired Authority Signature			<p><u>Amount of Fees Paid</u></p> <p>Passport:</p> <p>Express Service:</p> <p>Urgent Service:</p> <p>Total:</p>	
DISTRIBUTION				
Delivered to Date				
Delivered by Date				