

Jamaican Passport Application Form please read the information sheet carefully before completing this form

Α	APPLICANT'S PERSONA	L DAT	A						
	Surname			Professio	Profession or Occupation				
	First Name								
	Middle Name(s) Maiden Surname (family name at birth) Previous Name: (If name has been changed other than by marriage) Place of Birth: (Town, City and Parish)				Marital Status				
					Single	Divorced	Married	Widowed	
						Eye Colour Dark Brown		Grey	
					Grey Blue		Brown Blue	Hazel	
					Chestnut		Black	Red	
					Burgundy	,	Mixed		
	Date of Birth (DD/MM/YYYY)		Sex Male Female	Height					
				cm					
	Place of Birth		1	Mother's Fi	irst Name				
	Special Visible Features	Special Visible Features M		Mother's M	Mother's Maiden Name (Surname before Marriage)				
	·								
	APPLICANT'S PERMANENT ADDRESS Street Number and Street name Town, City and Parish		APPLICANT'S MAILING ADDRESS (If different from permanent address) Street Number and Street name						
			Town, City and Parish						
	Country			Country					
	Postal or Zip Code	State		Postal or Z	ip Code		State		
	Residential Telephone Number Area Code Seven Digit Number		Business T Area Code	Business Telephone Number Area Code Seven Digit Number					
	E-Mail Address:								
В									
	Date of Marriage (DD/MM/YYYY) Place of Marriage: (Town, City a		y and Parish)	and Parish) Country:					
	Spouse's Name: (If Married, divorced or widowed)			Surname	Surname				
	First Name								
	First Name								



Note: Signature is not required for applicants under the age of 12 years

С	CONSENT FOR MINOR (Applicable to persons under 18 years of age. Mother, Father or Legal Guardian may give consent)						
	Particulars of person giving consent to minor						
	Surname (parent or legal guardian)	First Name		Middle Name(s)			
	Relationship to above-named person to minor						
	Mother	Father		Legal Guardian			
	Declaration of person giving consent:	гашег					
	Declaration of person giving consent.						
	I (name)	the	(Relationship)				
	Of (Minoria Nama)	give my concept for him/her to hold a personant					
	Or (Million's Name)	give my consent for him/her to hold a passport.					
	Signature of Depart or Logal Cuerdian		Data				
D	Signature of Parent or Legal Guardian PARTICULARS OF MOST RECENT P		Date	the personnert is evolved or everytheterore it that			
U	or otherwise unavailable)	ASSPURI: (This inform	ation is required whether t	the passport is expired or current, damaged, lost			
	Passport Number	Date of Issue (DD/MM/Y	YYY)	Date of Loss (DD/MM/YYYY)			
			·	· · · · · ·			
	Place of Issue						
	Name in which stolen, lost or unavailable	First Name		Middle Names(s)			
	passport was issued	Flist Name		Midule Marres(5)			
	Surname						
	Place of Loss (City, Parish):						
	Flace of Loss (City, Falish).	BRIEF STATEMENT OF CIRCUMSTANCES WHERE PASSPORT HAS BEEN DAMAGED					
_							
E	DECLARATION OF APPLICANT	free Descent Lide dest	the fate of the second second second	the second base for a fact second state that the second of			
	 the undersigned, apply for the issue of a Jama knowledge and belief. I further declare that: 	I, the undersigned, apply for the issue of a Jamaican Passport. I declare that the information given in this application is correct to the best of my					
	I have not previously held or applied for a Jamaican Passport						
	All previous passports granted to me have been surrendered, other than Passport or Travel Document No.						
	which is submitted herewith.						
	My passport has been lost or is not available for present use and that I have reported the circumstances to the Police or to the Passport Office						
<u> </u>	(Kingston) or to the Jamaican Consular representative overseas.						
			Date of Declaration (DD/	ΜΜ/ΥΥΥΥ)			
	Signature of Applicant						

F	EMERGENCY CONTACT PERSONS						
	FIRST CONTACT PERSON						
	Surname	First Name		Middle Na	mes		
	Street Number and Street name		Telephone Number				
			Area Code Seven Digit Nun	nber			
	Town, City and Parish/State		Relationship				
	Country						
	State		Postal or Zip Code				
	SECOND CONTACT PERSON						
	Surname	First Name		Middle Name	28		
	Street Number and Street name		Telephone Number				
			Area Code Seven Digit Nun	nber			
			Polationship				
	Town, City and Parish/ State		Relationship				
	Country						
	State		Postal or Zip Code				
G	G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this of			this document)			
	WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION				SPORT APPLICATION		
	I		••••••				
	First Name Midd	le Name(s)	Surname		Designation/Occupation		
	hereby certify that I have known Full Name of Applicant (in the case of a minor, the person giving consent) as stated on application.						
	Full Name of	Applicant (in the ca	ise of a minor, the person giving c	onsent) as stat	ed on application.		
	For(years) and that the information given is correct to the best of my knowledge and belief.						
	Address of Certifying Official Building/Apartment Number and Name (if applicable	Cour	ntry				
	Building/Apartment Number and Name (ii applicable	e)					
	Po		al Code or Zip Code				
	Street Number and Street name						
			Telesheen Newton				
	Town, City and Parish/ State		phone Number Code Seven Digit Number		Official Stamp or Seal (If any)		
		Alco			(ii any)		
		Date	e of Certification (DD/MM/YYYY)				
	Signature of Certifying Official						

Jamaican Passport Application Form

Н	TO BE COMPLETED BY APPLICANTS WHO MUST WEAR HEADGEAR FOR RELIGIOUS REASONS					
	(Religion/Sect)					
1	TO BE COMPLETED BY APPLICANTS BORN OUTSIDE OF JAMAICA Father's Name: Mother's Name:					
	Father's Place of Birth:		Mother's Place of Birth:			
	Father's Date of Birth:					
	(DD/MM/YYYY)		Mother's Date of Birth: (DD/MM/YYYY)			
J	SUPPLEMENTARY INFOR	MATION				
к	FOR OFFICIAL USE ONLY					
	DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE	PREVIOUS PASSPORT STAMP		
	BIRTH CERTIFICATE		(DD/MM/YYY)			
	ADOPTION CERTIFICATE			-		
	MARRIAGE CERTIFICATE					
	NATURALIZATION CERTIFICATE.					
	REGISTRATION CERTIFICATE					
	CERTIFICATION OF CITIZENSHIP					
	DIVORCE CERTIFICATE DRIVERS' LICENCE			_		
	TAX REGISTRATION NUMBER			-		
	ELECTORAL IDENTIFICATION			-		
	OTHER			-		
RECEPTION TEAM						
(01	atpost Staff)			Date (DD/MM/YYYY)		
(Pas	ssport Office)					

GUIDELINES FOR JAMAICAN PASSPORT APPLICATION

READ CAREFULLY BEFORE COMPLETING THE PASSPORT APPLICATION FORM

1.0 DOCUMENTS PHOTOCOPIED OR LAMINATED DOCUMENTS WILL NOT BE ACCEPTED

- 1.1 Eligibility for a Jamaican Passport is based on proof of Jamaican Citizenship. <u>ALL</u> applicants are therefore required to submit one of the following documents as applicable:
 - * Birth Certificate
- * Certificate of Registration
- * Certificate of Naturalization
- * Adoption Certificate
- * Letter of Certification of Citizenship
- 1.2 Persons claiming Jamaican Citizenship by Descent <u>MUST</u> have their claim established <u>BEFORE</u> submitting the application for a passport. The documents required are:

* Applicant's Birth Certificate * Two certified passport photographs The Citizenship Unit is located at the 1st Floor, Immigration Citizenship and Passport Division, 25 Constant Spring Road, Kingston 10

1.3 Passport issuance is also based on credible identification. First time applicants, particularly, are also required to provide one of the following photographic forms of Identification:

* National Voter's Identification * Driver's Licence * Previous Passport Other identification - (subject to approval by the Passport Officers, e.g. work ID)

1.4 Any name change must be substantiated by documentary evidence. All married or divorced women are required to submit the certified copy of the Marriage Certificate(s) or Divorce Judgement(s), where the married name is being used. A Deed Poll is required for all other name changes.

2.0 PHOTOGRAPHS NO EMBOSSED SEAL SHOULD BE AFFIXED TO PHOTOGRAPHS

- 2.1 Applicants are required to submit two (2) identical copies of a professionally produced photograph taken not more than six (6) months prior to the application, with the following specifications:
 - The photographs should be taken in colour with a matte/dull finish, against a plain background. Applicants of light complexion should avoid wearing white clothing and should have the photographs taken against a pastel shaded background. Applicants of dark complexion should wear coloured clothing and photographs should be taken against a white background. Applicants with hair is grey/white should have photographs taken against a pale blue or grey background.
 - There should be no reflection from eyeglasses and no background shadows. Excessive light
 reflection on image is unacceptable. Light distribution should be even throughout photograph.
 - Photographs should provide a full frontal view of the head, neck and top of the shoulders with ears, as much as possible, clearly visible. Photographs should display appropriately clad images; exposed shoulders and chest are to be avoided.
 - The applicant should wear no head covering while taking the photograph. However, applicants who must wear headgear for religious reasons must indicate their religion at Section H.
 - The size of the face should be 25mm to 35mm, from the chin to top of head.
 - When the photograph is cut to a size of about 35mm, there should be a margin of 3mm to 4mm between the head and the edge of the photograph
 - · Photographs submitted with an application become the property of the Government of Jamaica

3.0 **CERTIFICATION OF APPLICATION (See section G)**

- 3.1 Each applicant is required to present an application form and Photograph that are certified. This can be done by one of the following officials who is a citizen of Jamaica, who is not a member of the family of the applicant AND, has been personally acquainted with the applicant for a period of not less than 12 months:
 - Member of Parliament * High Court Judge
 - * Public Officer (SEG 1 and above) Justice of the Peace
 - * Commissioner of Oaths Notary Public Attorney-at-law
 - Bank Manager * Credit Union Manager
 - * Army Officer (Major & above) Marriage Officers
 - * Police Officer (Gazetted Ranks)
 - Medical Practitioner

 - Veterinarian

- * Resident Magistrate * Consular Officer
- * Parish Councillor
- * Clerk of Courts
- * Dental Surgeon * Passport Officer
- * Principal (Primary, Secondary & Tertiary Educational Institutions)
- 3.2 The official who certifies the application is also required to certify the reverse side of one photograph of the applicant, with the following inscription above his/her signature:

"I certify that this is a true photograph of (Insert applicant's name and note date of certification)",

- 3.3 For overseas applicants the following persons, who need not be citizens of Jamaica, may certify the application:
 - Justice of the Peace * Notary Public
 - * Medical Doctor Attorney-at-law
 - Minister of Religion authorized to perform marriages
- 3.4 Overseas applicants may contact the nearest Jamaican Embassy, High Commission or Consulate for other categories of persons who may certify applications and photographs.
- 3.5 NO FEE SHOULD BE PAID FOR CERTIFYING AN APPLICATION. (Applicable in Jamaica ONLY)
- 4.0 CONSENT FOR A MINOR (See Section C)
- The mother, father or legal guardian must complete the application for a child less than 18 years. 4.1 Persons under 18 years of age, who are unmarried, require the written consent of the mother and/or the father or legal guardian, except where such person is a member of the Security Forces. In the event that neither parent nor legal guardian is available, contact should be made with the Customer Service Unit at the Kingston Office or the nearest consular representatives in the overseas missions.

5.0 **REQUIREMENT TO APPEAR IN PERSON**

- All first time applicants are required to be present at time of application.
- Minors under three years are exempt.
- Renewals do not require personal appearance. However, in some instances an authorized officer may • require the appearance of the applicant. A MINOR over 3 years of age doing a renewal is required to appear in person.

LOST PASSPORTS 6.0

A POLICE REPORT MUST BE SUBMITTED WHERE PASSPORT IS LOST, STOLEN OR DESTROYED. IN THE EVENT THAT A LOST PASSPORT SUBSEQUENTLY COMES INTO THE POSSESSION OF THE HOLDER. IT MUST BE RETURNED TO THE PASSPORT OFFICE OR THE NEAREST JAMAICAN EMBASSY, HIGH COMMISSION OR CONSULATE OVERSEAS FOR NECESSARY ACTION.

Prepared by:: Immigration Citizenship and Passport Services Division, Ministry of National Security - 28-08- 2007

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