

Jamaican Passport Renewal for Adults and Minors (under 18 years old)

Note: Applicant's Personal Data must be consistent with the information on Passport Bio-page, and Birth Certificate.

If an applicant must make a correction on the form, please place a line through the incorrect information and place signature above same instead of using correction fluid (white out).

For documents in languages outside of English, please note that you are required to consult with an authorized official translator for the document's translation to English. Please ensure that the translated version in English is notarized by a Notary public.

The Embassy of Jamaica, Tokyo would recommend that upon completion of the passport application form, to have same scanned and sent to this e-mail (firstsecretary@jamaicaembassy.jp) for a quick review for accuracy, along with supporting documents to check for consistency.

How to fill in Passport Application Section A, Page 1

Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

A APPLICANT'S PERSONAL DATA			
Surname		Profession or Occupation	
First Name		Marital Status Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/>	
Middle Name(s)			
Maiden Surname (family name at birth)			
Previous Name: (if name has been changed other than by marriage)		Eye Colour Dark Brown <input type="radio"/> Brown <input type="radio"/> Grey <input type="radio"/> Grey Blue <input type="radio"/> Blue <input type="radio"/> Hazel <input type="radio"/> Chestnut <input type="radio"/> Black <input type="radio"/> Red <input type="radio"/> Burgundy <input type="radio"/> Mixed <input type="radio"/>	
Place of Birth: (Town, City and Parish)		Date of Birth (DD/MM/YYYY) Sex: Male <input type="radio"/> Female <input type="radio"/> Height: _____ cm	
Special Visible Features			
APPLICANT'S PERMANENT ADDRESS Street Number and Street name Town, City and Parish Country		APPLICANT'S MAILING ADDRESS (if different from permanent address) Street Number and Street name Town, City and Parish Country	
Postal or Zip Code	State	Postal or Zip Code	State
Residential Telephone Number Area Code Seven Digit Number		Business Telephone Number Area Code Seven Digit Number	
E-Mail Address:			

Profession or Occupation for a minor would be either "Minor" or "Student".

A single person and a minor **are not required** to write maiden name.

Place of Birth needs to be consistent with Birth Certificate.

If permanent and mailing addresses are same, Applicant fills in only permanent address.

If Applicant has a plan to return to Jamaica in near future, Permanent address should be the one in Jamaica.

Telephone number of your current residence

If Applicant is or has been married

B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED		
Date of Marriage (DD/MM/YYYY)	Place of Marriage: (Town, City and Parish)	Country:
Spouse's Name: (If Married, divorced or widowed)		Surname
First Name		

Section C, Page 2



	Thumb Print Box Below For person: unable to sign
Signature of the Applicant WITHIN in the box above	

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

Please ensure that the signature that is placed inside the rectangular box at the top of the page is the same as the one at the end of Section E.

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

C 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to above-named person to minor		
Mother <input type="radio"/>	Father <input type="radio"/>	Legal Guardian <input type="radio"/>
Declaration of person giving consent:		
I (name) <input type="text"/> the (Relationship) <input type="text"/>		
Of (Minor's Name) <input type="text"/> give my consent for him/her to hold a passport.		
Signature of Parent or Legal Guardian		Date

For a minor, the parent/legal guardian submitting the application is required to complete **sections C and E** of the application form.

Section D and E, Page 2

D PARTICULARS OF MOST RECENT PASSPORT: (This information is required whether the passport is expired or current, damaged, lost or otherwise unavailable)		
Passport Number	Date of Issue (DD/MM/YYYY)	Date of Loss (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Issue		
<input type="text"/>		
Name in which stolen, lost or unavailable passport was issued	First Name	Middle Name(s)
Surname	<input type="text"/>	<input type="text"/>
Place of Loss (City, Parish):	BRIEF STATEMENT OF CIRCUMSTANCES WHERE PASSPORT HAS BEEN DAMAGED	
<input type="text"/>	<input type="text"/>	
E DECLARATION OF APPLICANT		
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 knowledge and belief. I further declare that:		
<input type="radio"/> I have not previously held or applied for a Jamaican Passport		
<input checked="" type="radio"/> All previous passports granted to me have been surrendered, other than Passport or Travel Document No. <input type="text"/> which is submitted herewith.		
<input type="radio"/> 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 (Kingston) or to the Jamaican Consular representative overseas.		
Signature of Applicant		Date of Declaration (DD/MM/YYYY)
<input type="text"/>		<input type="text"/>

For passport renewal, fill in only "Passport No.", "Date of issue", and "Place of Issue".

For First time applicant

Leave a check mark in a circle. Fill in the current passport No. in Blue.

Please ensure that the signature is the same as the one in the rectangular box at the top of the page (Section C).

In case of a child whose age is below 12 years old, a parent will sign on behalf of a child.

Please make sure to fill in **Date of Declaration**.

Section F and G, Page 3

F EMERGENCY CONTACT PERSONS		
FIRST CONTACT PERSON		
Surname	First Name	Middle Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number and Street name	Telephone Number Area Code Seven Digit Number	
<input type="text"/>	<input type="text"/>	
Town, City and Parish/State	Relationship	
<input type="text"/>	<input type="text"/>	
Country		
<input type="text"/>		
State	Postal or Zip Code	
<input type="text"/>	<input type="text"/>	
SECOND CONTACT PERSON		
Surname	First Name	Middle Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number and Street name	Telephone Number Area Code Seven Digit Number	
<input type="text"/>	<input type="text"/>	
Town, City and Parish/State	Relationship	
<input type="text"/>	<input type="text"/>	
Country		
<input type="text"/>		
State	Postal or Zip Code	
<input type="text"/>	<input type="text"/>	

Section F will require **two emergency contacts; at least one (1) must be from overseas.**

G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this document)	
WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION	
I	Designation/Occupation
First Name Middle Name(s) Surname	<input type="text"/>
hereby certify that I have known	Full Name of Applicant (in the case of a minor, the person giving consent) as stated 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)	Country
<input type="text"/>	<input type="text"/>
Street Number and Street name	Postal Code or Zip Code
<input type="text"/>	<input type="text"/>
Town, City and Parish/ State	Telephone Number Area Code Seven Digit Number
<input type="text"/>	<input type="text"/>
Signature of Certifying Official	Date of Certification (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
	Official Stamp or Seal (If any)

Do not fill in **Section G.**

Please ensure that Section G on Page 3 is duly certified (refer to Section 3.3. in Guidelines, affixed to the Passport form, for further information on the list of authorized officials).

Section H-K, Page 4

H	TO BE COMPLETED BY APPLICANTS WHO MUST WEAR HEADGEAR FOR RELIGIOUS REASONS	
	(Religion/Sect) <input type="text"/>	
I	TO BE COMPLETED BY APPLICANTS BORN OUTSIDE OF JAMAICA	
	Father's Name: <input type="text"/>	Mother's Name: <input type="text"/>
	Father's Place of Birth: <input type="text"/>	Mother's Place of Birth: <input type="text"/>
	Father's Date of Birth: (DD/MM/YYYY) <input type="text"/>	Mother's Date of Birth: (DD/MM/YYYY) <input type="text"/>
J	SUPPLEMENTARY INFORMATION	

If Applicable

K	FOR OFFICIAL USE ONLY		
	DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE (DD/MM/YYYY)
	BIRTH CERTIFICATE		
	ADOPTION CERTIFICATE		
	MARRIAGE CERTIFICATE		
	NATURALIZATION CERTIFICATE		
	REGISTRATION CERTIFICATE		
	CERTIFICATION OF CITIZENSHIP		
	DIVORCE CERTIFICATE		
	DRIVERS' LICENCE		
	TAX REGISTRATION NUMBER		
	ELECTORAL IDENTIFICATION		
	OTHER		
	RECEPTION TEAM		
	(Outpost Staff)		Date (DD/MM/YYYY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Passport Office)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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