

**Jamaican Passport Replacement (Stolen/ Lost/ Unavailable/ Damaged)
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 (whiteout).

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.

Passport Replacement Applications must be accompanied by the following:

- ✓ Completed passport application form,
- ✓ Original or Certified copy of Birth certificate (Officially translated & Notarised documents MUST be submitted, where necessary),
- ✓ Original or Certified copy of Marriage, Divorce, or Death Certificate, as appropriate (Officially translated & Notarised documents MUST be submitted, where necessary),
- ✓ Three (3) Passport-sized photographs (one to be certified by a Notary Public, Jamaican Honorary Consul or Consular Officer),
- ✓ **Damaged or Unavailable current Jamaican passport,**
- ✓ **Original Police Report of the Passport being lost, along with translation to English, duly notarized,**
- ✓ **Statement concerning damage, in the case of damaged passports,**
- ✓ **Copy of lost Jamaican passport, if possible,**
- ✓ Requisite passport and consular fees.

Passport fees:

Replacement of stolen, lost, unavailable, damaged passport (adult) - ¥ 24,200

Replacement of stolen, lost, unavailable, damaged passport (child) - ¥ 14,200

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

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		

If Applicant is or has been married.

Section C, Page 2



Signature of the Applicant WITHIN in the box above

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

Thumb Print Box Below
For person: unable to sign

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)
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) the (Relationshipp).		
Of (Minor's Name) 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)	Damaged
Place of Issue			
Name in which stolen, lost or unavailable passport was issued		First Name	Middle Names(s)
Surname			
Place of Loss (City, Parish):		BRIEF STATEMENT OF CIRCUMSTANCES WHERE PASSPORT HAS BEEN DAMAGED	
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 type="radio"/> All previous passports granted to me have been surrendered, other than Passport or Travel Document No.			
<input checked="" 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)

Please ensure to fill in Section D in case of the passport being lost, damaged, unavailable, or stolen.

In case of Damaged, please write "Damaged" in a blank space of "Date of Loss".

Leave a check mark in a circle.

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"/>	<input type="text"/>	
Town, City and Parish/State	Relationship	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	State	Postal or Zip Code	
<input type="text"/>	<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"/>	<input type="text"/>	
Town, City and Parish/ State	Relationship	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	State	Postal or Zip Code	
<input type="text"/>	<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 <input type="text"/>			
First Name	Middle Name(s)	Surname	Designation/Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
hereby certify that I have known <input type="text"/>			
Full Name of Applicant (in the case of a minor, the person giving consent) as stated on application.			
For <input type="text"/> (years) and that the information given is correct to the best of my knowledge and belief.			
Address of Certifying Official	Country	Postal Code or Zip Code	
Building/Apartment Number and Name (if applicable)	<input type="text"/>	<input type="text"/>	
Street Number and Street name	Telephone Number	Area Code Seven Digit Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Town, City and Parish/ State	Official Stamp or Seal (If any)		
<input type="text"/>	<input type="text"/>		
State	Date of Certification (DD/MM/YYYY)		
<input type="text"/>	<input type="text"/>		
Signature of Certifying Official			
<input type="text"/>			

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).

