



# JAMAICA ADULT RENEWAL PASSPORT APPLICATION

Read carefully before completing this Passport Application Form

## 1.0 WHO MAY USE THIS APPLICATION FORM?

This application may be used to **RENEW** an **ADULT** passport **ONLY** if **ALL** the following conditions are met:

- 1.1 Age at time of previous application **18 years** and over.
- 1.2 Name, Date of Birth and Place of Birth on this application form is **exactly** as it appears on your current passport.
- 1.3 **Current** passport is issued after September 2001 with a validity of ten (10) years.
- 1.4 (a) Your current passport is **valid** for no more than **one (1)** year; except where all the visa pages have been used.

**or**

- ( b) Your current passport is **expired** for no more than **two (2)** years.
- 1.5 Passport is **not** damaged or otherwise mutilated.
- 1.6 Passport was never reported lost or stolen.
- 1.7 Marital Status has **not** changed since the issuance of passport being renewed.

## 2.0 DOCUMENTS REQUIRED

The following documents must be submitted to a PICA office or Jamaican Embassy/Consulate/High Commission:

- 2.1 A completed Jamaican Passport Application Form 1 (Simplified Adult Renewal)
- 2.2 Current Jamaican Passport (*Passport being renewed*).
- 2.3 Two (2) identical photographs (*Please see "section 5.0" below for photograph specifications*).
- 2.4 Applicable fees (*Please visit [www.pica.gov.jm](http://www.pica.gov.jm) or, contact the nearest PICA Office or Jamaican Embassy/Consulate/High Commission for applicable fees and turnaround times*).

**Note: P.I.C.A. RESERVES THE RIGHT to request any additional document which may be needed during processing of your application. You may also be required to visit a PICA location in-person, where and authorised officer deem such appearance necessary to complete processing of your application.**

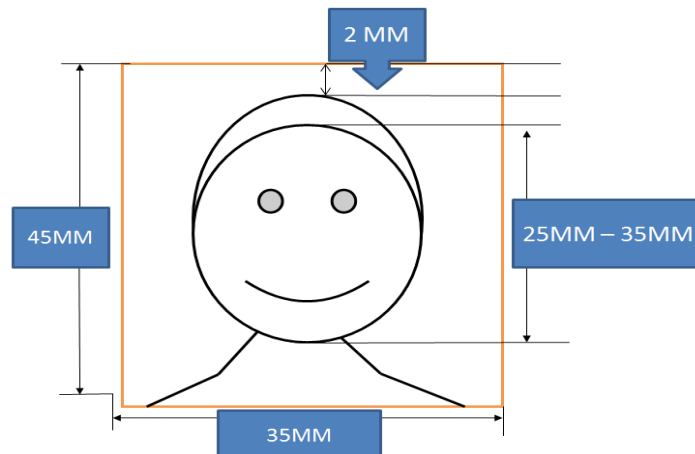
### 3.0 APPLICATION PROCESS

- 3.1 You may submit your application in person, by a third party or by registered mail. Where your application is being submitted by a **third party**, a **notarised consent** letter along with a **valid Identification** of the third party is required.
- 3.2 For applicants who are in Jamaica and submitting by registered mail, the package **must** be addressed to: ***“Director of Passport Services, Passport Immigration and Citizenship Agency, 25 Constant Spring Road, Kingston 10”.***
- 3.3 For applicants who are overseas and submitting by registered mail, the application must be addressed to the nearest Jamaican Embassy/Consulate/Mission.
- 3.4 The applicable fees along with the original documents required at section “2.0” above **must** be enclosed, where the application is submitted by registered mail.

### 4.0 PHOTOGRAPHS

Applicants are required to submit two (2) identical professionally produced photographs. The photographs must meet the following specifications:

- Not be more than six (6) months old.
- Taken in colour, against an off-white background.
- Applicants with grey/white or bleached hair should have photographs taken against a pale blue background.
- Photographs should provide a **FULL FRONTAL VIEW OF THE FACE** with a neutral expression.
- Eyes must be clearly visible
- No head covering is allowed, except for religious purposes.
- **NO EMBOSSSED SEAL SHOULD BE AFFIXED TO PHOTOGRAPHS**
- Size of photograph is illustrated in diagram below **(NB//: diagram not drawn to scale).**





# JAMAICA ADULT RENEWAL PASSPORT APPLICATION

NB: You may use this form **Only** if all the conditions on the instruction sheet are met.



**WARNING: It is an offence to make a false and misleading statement in support of a passport application**

## SECTION A - PERSONAL DATA (To be completed by all applicants)

LAST NAME :		MAIDEN NAME (Surname / Last Name at birth):	
GIVEN NAMES ( First & Middle Names):			
DATE OF BIRTH (DD/MM/YY): / /	PLACE OF BIRTH ( Town, City, Parish):	COUNTRY OF BIRTH:	
PROFESSION/OCCUPATION (More than 18 characters will be abbreviated):			
SPECIAL VISIBLE FEATURE(S):			
MARITAL STATUS: SINGLE [ ] DIVORCED [ ] MARRIED [ ] WIDOWED [ ] SEPARATED [ ]			
PARTICULARS OF LAST MARRIAGE (Should be completed for all applicants - Married /Widowed /Divorced/Separated):			
SPOUSE 'S FULL NAME:			
DATE OF MARRIAGE (DD/MM/YY) :	PLACE OF MARRIAGE (Town, City, Parish):	COUNTRY OF MARRIAGE:	

## SECTION B - CONTACT INFORMATION (To be completed by all applicants)

APPLICANT'S PERMANENT ADDRESS:	
APPLICANT'S MAILING ADDRESS (If different from permanent address):	
APPLICANT'S TELEPHONE NUMBERS:	
HOME ( ) ( - ) BUSINESS ( ) ( - ) CELL ( ) ( - )	
EMAIL ADDRESS:	
<b>EMERGENCY CONTACT (Persons listed should know the applicant)</b>	
<b>FIRST CONTACT PERSON:</b>	
FULL NAME:	RELATIONSHIP TO APPLICANT:
ADDRESS:	
TELEPHONE NUMBER: ( - )	EMAIL ADDRESS:
<b>SECOND CONTACT PERSON:</b>	
FULL NAME:	RELATIONSHIP TO APPLICANT:
ADDRESS:	
TELEPHONE NUMBER: ( - )	EMAIL ADDRESS:

## SECTION C - PARTICULARS OF CURRENT PASSPORT

PASSPORT NUMBER	PLACE OF ISSUE (CITY,STATE,COUNTRY) :	DATE OF ISSUE (DD/MM/YY):
-----------------	---------------------------------------	---------------------------

## SECTION D - RELIGION/SECT ( Only required if applicant must wear head gear for religious reasons)

--

**NOT TO BE SOLD**

## SECTION 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 all previous passports granted to me have been surrendered, other than Passport or Travel Document No.....



Void if signature touches border



SIGNATURE OF APPLICANT (see instruction sheet )

DATE OF DECLARATION (dd/mm/yy)

## SECTION F - SUPPLEMENTARY INFORMATION


## SECTION G - FOR OFFICAL USE ONLY

SERVICE TYPE			
DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE	DOCUMENT RETURNED
PASSPORT			<i>I confirm that all original documents presented were returned to me.</i>
BIRTH CERTIFICATE			
MARRIAGE CERTIFICATE			
OTHER			
<b>RECEPTION TEAM</b>			
DESK OFFICER OUTPOST (FULL NAME)		SIGNATURE:	DATE (DD/MM/YYYY)
DESK OFFICER HQ (FULL NAME)		SIGNATURE:	DATE (DD/MM/YYYY)
<b>PRODUCTION TEAM</b>			
DATA CAPTURE TECHNICIAN:		PRINT OPERATOR:	
IMAGE CAPTURE TECHNICIAN:		LAMINATION TECHNICIAN:	
QUALITY ASSURANCE OFFICER:		QUALITY CONTROL OFFICER:	

**NOT TO BE SOLD**