



APPLICATION FORM FOR THE RENEWAL OF TRINIDAD AND TOBAGO MACHINE READABLE PASSPORT (APPLICANTS 16 YEARS AND OVER)

PLEASE PRINT INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PEN

WARNING TO ALL APPLICANTS
Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to be fined and to imprisonment.

FOR OFFICIAL USE ONLY

PASSPORT TYPE _____	ORIGIN _____	RECEIPT# _____	PASSPORT# _____
EXPEDITED _____	PICK UP _____	DATE _____	DATE OF ISSUE _____
PRE-PAID SHIPPING _____	REASON FOR APPLICATION _____		VALID TO _____

1. **SURNAME** _____

FIRST NAME _____

MIDDLE NAME(S) _____

MAIDEN NAME
(SURNAME AT BIRTH) _____

FORMER NAME
SURNAME _____

FIRST _____

2. **PERSONAL INFORMATION**

DATE OF BIRTH _____ / _____ / _____ SEX MALE [] FEMALE [] HEIGHT (CM) _____ PLACE OF BIRTH _____
Day Month Year

COUNTRY OF BIRTH _____ COLOUR OF EYES / _____ / _____ / _____ / _____ HAIR COLOUR / _____ / _____ / _____ / _____

MARITAL STATUS: SINGLE [] MARRIED [] WIDOWED [] DIVORCED [] SEPARATED [] OTHER []

OCCUPATION / PROFESSION _____

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

WORK ADDRESS (OR IF RESIDENT ABROAD, LOCAL ADDRESS)

NAME OF FIRM / ORGANIZATION

CONTACT INFORMATION

HOME TEL. NO. / _____ / _____ / _____ / _____ MOBILE NO. / _____ / _____ / _____ / _____ / _____

OFFICE TEL. NO. / _____ / _____ / _____ / _____ E-MAIL ADDRESS / _____ / _____ / _____ / _____ / _____

3. **MARRIED WOMEN**

PRESENT MARRIAGE DATE OF MARRIAGE _____ / _____ / _____ PLACE OF MARRIAGE _____
Day Month Year

HUSBAND'S NAME

SURNAME _____

FIRST NAME _____

NATIONALITY _____

PREVIOUS MARRIAGE(S)

Date of Marriage (Day/Month/Year)	Husband's Name in Full	Place of Marriage	Husband's Nationality

4.

(*N.B. *this form will become void if the Specimen Signature touches the Border)

Specimen Signature of Applicant

