



Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

NOT TO BE SOLD

A APPLICANT'S PERSONAL DATA	
<p>Surname</p> <input style="width: 100%; height: 20px;" type="text"/> <p>First Name</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Middle Name(s)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Maiden Surname (family name at birth)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Previous Name: (If name has been changed other than by marriage)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Profession or Occupation</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Marital Status</p> <p>Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/></p> <p>Eye Colour</p> <p>Dark Brown <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/></p> <p>Grey Blue <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/></p> <p>Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/></p> <p>Other</p>
<p>Place of Birth: (Town, City and Parish)</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
<p>Date of Birth</p> <p>Day Month Year</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <p>Sex</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>Height</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <p style="text-align: center;">cm</p>
<p>Special Visible Features</p> <p>.....</p>	
<p>Mother's First Name</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Mother's Maiden Name (Surname before Marriage)</p> <input style="width: 100%; height: 20px;" type="text"/>
APPLICANT'S PERMANENT ADDRESS	
<p>Street Number and Street name</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Town, City and Parish</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Country</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
APPLICANT'S MAILING ADDRESS (If different from permanent address)	
<p>Street Number and Street name</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Town, City and Parish</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Country</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
<p>Postal or Zip Code</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>State</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Residential Telephone Number</p> <p>Area Code Seven Digit Number</p> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<p>Business Telephone Number</p> <p>Area Code Seven Digit Number</p> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>E-Mail Address:</p> <input style="width: 100%; height: 20px;" type="text"/>	
B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED	
<p>Date of Marriage</p> <p>Day Month Year</p> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <p>Spouse's Name First Name</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Place of Marriage: (Town, City and Parish)</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Surname</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Country:</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	

**FOR
OFFICIAL
USE
ONLY**



**Thumb Print Box Below
For persons unable to sign**

Signature of the Applicant W^IT^HI^N in the box above

Note: 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="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Declaration of person giving consent:		
I (name).....		
give my consent for to hold a passport.		
.....		
Signature of Parent or Legal Guardian		Date
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 Day Month Year	Date of Loss Day Month Year
Place of Issue		
Name in which stolen, lost or unavailable passport was issued		
Surname	First Name	Middle Names(s)
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="checkbox"/>	I have not previously held or applied for a Jamaican Passport	
<input type="checkbox"/>	All previous passports granted to me have been surrendered, other than Passport or Travel Document No. which is submitted herewith.	
<input type="checkbox"/>	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 Day Month Year

F EMERGENCY CONTACT PERSONS

<p>FIRST CONTACT PERSON</p> <p>Surname</p> <input style="width:100%; height: 20px;" type="text"/>	<p>First Name</p> <input style="width:100%; height: 20px;" type="text"/>	<p>Middle Names</p> <input style="width:100%; height: 20px;" type="text"/>
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<p>Street Number and Street name</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Town, City and Parish/State</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Country</p> <input style="width:100%; height: 20px;" type="text"/>	<p>Postal or Zip Code</p> <input style="width:100%; height: 20px;" type="text"/> <p>Telephone Number</p> <p>Area Code Seven Digit Number</p> <input style="width:20%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/> <p>Relationship</p> <input style="width:100%; height: 20px;" type="text"/>
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<p>SECOND CONTACT PERSON</p> <p>Surname</p> <input style="width:100%; height: 20px;" type="text"/>	<p>First Name</p> <input style="width:100%; height: 20px;" type="text"/>	<p>Middle Names</p> <input style="width:100%; height: 20px;" type="text"/>
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<p>Street Number and Street name</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Town, City and Parish/ State</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Country</p> <input style="width:100%; height: 20px;" type="text"/>	<p>Postal or Zip Code</p> <input style="width:100%; height: 20px;" type="text"/> <p>Telephone Number</p> <p>Area Code Seven Digit Number</p> <input style="width:20%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/> <p>Relationship</p> <input style="width:100%; height: 20px;" type="text"/>
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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.....

First Name	Middle Name(s)	Surname	Designation/Occupation
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hereby certify that I have known
Insert 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.

<p>Address of Certifying Official</p> <p>Building/Apartment Number and Name (if applicable)</p> <input style="width:100%; height: 20px;" type="text"/> <p>Street Number and Street name</p> <input style="width:100%; height: 20px;" type="text"/> <p>Town, City and Parish/ State</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Country</p> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <p>Postal Code or Zip Code</p> <input style="width:100%; height: 20px;" type="text"/>	<p>.....</p> <p style="text-align: center; color: blue;">Signature of Certifying Official</p> <hr/> <p>Date of Certification</p> <p>Day Month Year</p> <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/>
	<p style="text-align: center;">Official Stamp or Seal (If any)</p>
	<p>Telephone Number</p> <p>Area Code Seven Digit Number</p> <input style="width:20%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/> - <input style="width:40%; height: 20px;" type="text"/>

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: <input type="text"/> Mother's Date of Birth: <input type="text"/>			
J SUPPLEMENTARY INFORMATION			
K FOR OFFICIAL USE ONLY			
DOCUMENTS SUBMITTED	DOCUMENT NUMBER	ISSUE DATE	PREVIOUS PASSPORT STAMP
BIRTH CERTIFICATE	<input type="text"/>	<input type="text"/>	
ADOPTION CERTIFICATE	<input type="text"/>	<input type="text"/>	
MARRIAGE CERTIFICATE	<input type="text"/>	<input type="text"/>	
NATURALIZATION CERTIFICATE.	<input type="text"/>	<input type="text"/>	
REGISTRATION CERTIFICATE	<input type="text"/>	<input type="text"/>	
CERTIFICATION OF CITIZENSHIP	<input type="text"/>	<input type="text"/>	
DIVORCE CERTIFICATE	<input type="text"/>	<input type="text"/>	
DRIVERS' LICENCE	<input type="text"/>	<input type="text"/>	
TAX REGISTRATION NUMBER	<input type="text"/>	<input type="text"/>	
ELECTORAL IDENTIFICATION	<input type="text"/>	<input type="text"/>	
OTHER	<input type="text"/>	<input type="text"/>	
RECEPTION TEAM			
(Outpost Staff) <input type="text"/> <input type="text"/> Day Month Year <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>			
(Passport Office) <input type="text"/> <input type="text"/> Day Month Year <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>			
PRODUCTION TEAM			
DATA ENTRY OPERATOR:	PRINT OPERATOR:		
IMAGE CAPTURE OPERATOR:	LAMINATOR:		
SUPERVISORY REVIEW:	QUALITY ASSURANCE:.....		