Replacement Passport Renewal		FOR OFFICIAL USE DO NOT WRITE IN THIS BOX BARCODE	ADULT				
Please write your name here	(Surname)	(Christian Names)					
		National Insuran	ce Number				

# FORM "A"

## APPLICATION FOR A SAINT LUCIA PASSPORT

IMPORTANT. Read instructions carefully before completing the form INSTRUCTIONS

#### (A) SECTIONS OF FORM TO BE COMPLETED

Section 1&2 - All Applicants (where applicable)

Section 3 (a) - Married women (widow/divorce)

Section 3 (b) - Women who are citizens of St. Lucia by naturalization

Section 4-All applicants (if applicable)

Section 5-All applicants (if applicable)

Section 6- All applicants (parent / guardian, if under 16)

Section 7-First time applicants and replacements

Section 8-Application for Replacements only

**Section 9-** For parents/guardians of children who have not attained the age of 18 years

# N.B. In the case of a guardian, a statutory declaration is required.

(B) SIGNING THE FORM

**Section 6**— Signature of applicant, if 16 years and over or that of parent/guardian, if under 16 years.

**Section 7—** Should be completed and signed by the person verifying the applicant's declaration and should be a prominent person in the society such as a doctor, lawyer, minister of religion or justice of the peace.

# N.B. Family members are not acceptable recommenders.

Recommendations from members or officials of firms should bear the printed stamp of the firm. The recommender should certify on the reverse side of one photograph that it is a true likeness of the applicant. Recommenders are reminded of section 5 (1) and (2) of the Passport Amendment Act No. 23 of 2003.

 A first applicant is (18 years & over) required to pay for his/her application in person and attend an interview with the Immigration Department.

# (C) DOCUMENTS TO BE PRODUCED

Any applicant who surrenders with this application a previous Saint Lucia passport, which was issued in Saint Lucia, **WILL NOT NORMALLY** be required to produce any other documents unless;

- the information on the passport is not legible
- The applicant's name or status has been changed

However, if passport was issued overseas, applicant would be required to produce documents as required by first time applicants.

## C (a) FIRST TIME APPLICANTS

- Birth certificate
- Change of name document (if applicable)
- Marriage certificate (women only and if applicable)
- Divorce certificate ( women only and if applicable)
- St. Lucia Citizenship document (if born overseas)
- Death certificate (widow)
- National identification card

N.B in all cases only **ORIGINAL** documents or <u>certified</u> copies will be accepted.

#### (D) FOREIGN LANGUAGES

In cases where the original document is of a foreign language, an English translation of that document by a recognized translator along with the **original** or a certified copy **must be** produced.

#### (E) Replacement Passports

Applicants would be required to provide, a written statement detailing the reason/s for wanting the passport replaced. Supporting documents (e.g. fire or police report) from the appropriate authority would also be required.

#### (F) Children

**Note** — Where an Order or direction has been made by the High Court or in Chambers or by a magistrate regarding the custody of a child, such Order must be produced or the nature of the direction stated.

#### **PHOTOGRAPHS**

**(G)** Two (2) passport size copies of a recent photograph of the applicant must be included with the application. These photographs must be taken full face without hat . Only prescription glasses will be accepted.

# (H) COLLECTION OF PASSPORTS (Sec. 5)

Applicants are required to provide the name of an individual whom they may wish to collect the passport on their behalf. The individual who must be at least 18 years old, would be required to produce his/her National Identification card upon collection.

N.B. THE IMMIGRATION HEAD-OFFICE RESERVES THE RIGHT TO REQUEST ADDITIONAL SUPPORTING DOCUMENTS AND/ OR REQUIRE AN APPLICANT TO ATTEND ONE OR MORE INTERVIEWS BEFORE ISSUING A PASSPORT

(I) Receipts must be produced upon collection of passports.

# N.B CHILDREN WILL NOT BE INCLUDED ON PARENT(S) PASSPORTS.

NB: ALL APPLICANTS CAPABLE OF SIGNING SHOULD PROVIDE SPECIMEN SIGNATURE AT SECTION 10

I Surname (in block capitals)									te whether	Miss
Christian Names (in full) (in block letters)							Mari			·
Maiden Name (If applicant is a woman who is or has been married)							Single			
Has name been changed If so, state original name					PERSO	PERSONAL DESCRIPTION				
(otherwise than by marriage?)			96			Height	Height Metres			·
Country of Birth	Dat	e of B	irth (dd/mm/y	уу)		Colour of eyes				
						Colour of				
Profession or Occupation	n		l.			Hair Special				
Local Address		Fore	eign Addres	s (if an	plicable)	Peculiarities				
(in block letters)		Foreign Address (if applicable) (in block letters)			Tel No. (h) Mobile :					
						Tel No. (w)				
E-Mail Address(es)										
2 CITIZENSHIP: State whether			nt Lucia by bi	irth	Citizen of S	aint Lucia by:				
If citizen of St. Lucia by registration	(	Certific	ate Number		Place of iss	ue	Date	of issue	(dd/mm/yy)	
or naturalization give particulars of registration or naturalization certific	ate									
3 MARRIED WOMEN applying for	50,000	ort mus	st complete (	(a) and	Mhere applicab	le (b)		7.5		-
(a) Husband or former husband(s) Surname and full Christian names		Surn	ame			Christia	n Nan	ne(s)		
Place of marriage			nality							
b) Women who are citizens of S	aint Luci	a by na	ituralization o	only						
Particulars of										
AND AND THE CONTROL OF THE CONTROL O	, ,						her's birth			
State whether married more than one	e		State Yes or N							
4 A. If applicant's birth was registered	as a citi	zen of	Saint Lucia a	broad st	tate:					
Name of Consulate		Date o	of Registratio	on		Place and	date o	f parent's	birth	
B. Particulars of applicant's parent:  (a) Name  (b) District (if born in Saint Luci (c) (If citizen of Saint Lucia by na  Certificate No	a) turalizat	ion or	registration)	-	D	ate of birth				
5. Please enter the name of an inc	dividual	whon	n you may v	wish to	collect passpo	ort on your bel	half.			
Name:					N	IIS #:				
Address:					т	elephone Numb	er(s):			
Cellular Number(s): Relationship										

6	DECLARATION
	A I declare that the information given in the application is correct to the best of my knowledge and belief, and  B That I have not lost the status of Citizen of Saint Lucia, and
	C That I have not previously held or applied for any passport whatever,
	or D That all previous passports granted to me have been surrendered other than passport or travel
	document No
	other application for a passport since the attached passport or travel document was issued to me.
	Signature: Date:
	Note:— If you have had a passport which has been lost, delete C and D and complete Section 8 on page 3 of this form.
7	RECOMMENDER (for first applicant and replacement passports)
	I, (name in block capitals)
	certify that the applicant has been known personally to me for
	knowledge of him/her, I believe the facts stated on this form are correct, and that he/she is a fit and proper person to receive a passport.
	Address Signature
	Profession
	Date
	IMPORTANT: Applicants and recommenders (section 6 & 7) are warned that should any statement contained in their respective
	declarations prove untrue, the consequences to them may be serious. The attention of persons who are asked to sign this
	declaration is specially called to the fact that it can only be signed from personal knowledge of the applicant and not from
_	Information obtained from other persons. See Section 5(1) & (2) of the Passport Amendment Act No. 23 of 2003.
8	PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FOR PRESENT USE
	No
	Bearer's names
	Circumstances in which passport was lost or destroyed, or other reason for its non-availability.
	Place and date of loss
	What measures were taken at the time to report loss and to obtain recovery?
	Has loss been reported to the Police?
	If yes, address of station
	I certify that the above particulars are correct and undertake in the event of the passport coming again into my possession to return it to the Saint Lucia Passport Office or to a Saint Lucian High Commission.
_	Date Signed
9	PARENT'S / LEGAL GUARDIAN'S CONSENT
	(For applicants over 16 & under 18 years)
	I (name) the (relationship)
	of name (s) hereby give my consent for him/her/ (a) to hold a passport,
	Signature
	DO NOT WRITE IN THIS AREA

		FOR C	FFICIAL USE	(Document	(Documents produced to be noted here)					
Applicant's Birth Certificate No.	Marriage Certificate No.	Divorce Decree No.	Deed Poll No.	Citizen Certificate No	Previous Passport No.	Foreign Passpor No				
y other docume	nts to be noted I	here:								
			PAYMENT DE	TAILS						
Date paid			Amount	paid	Receipt Number					
				,						
		INFORMAT	TION ON PASSP	ORT TO BE ISSUE	D					
w passport Numb	per			Date of Issue						
			INTERVIEV	VER						
	Name									
			CECTION	140						
Appl	licants Photograp	h	SECTION	110						
			<del></del> ;	Specin	nen Signature of App	licant				