



BAHAMAS PASSPORT APPLICATION FORM

(TO BE COMPLETED IN BOLD CAPS AND **BLACK OR BLUE INK**)

1. PERSONAL DETAILS: MS. MISS. MRS. MR. DR. OTHER: _____

SURNAME:		FIRST NAME:		MIDDLE NAME:	
MAIDEN SURNAME:		DATE OF BIRTH:		PLACE AND COUNTRY OF BIRTH:	
NATIONALITY:		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HEIGHT _____ FT _____ INS	
COLOUR OF EYES:		COLOUR OF HAIR:		NATIONAL INSURANCE NUMBER:	
				VISIBLE IDENTIFICATION MARKS (PLEASE NOTE IN DETAIL):	

2. ADDITIONAL DETAILS:

APPLICANT A CITIZEN OF THE BAHAMAS BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> REGISTRATION		DOCUMENT NUMBER:	
PLACE OF DOCUMENT ISSUE:		DATE OF DOCUMENT ISSUE: DD _____ MM _____ YYYY _____	
WHAT OTHER NAMES HAVE YOU USED? (LIST ALL ALIAS): _____ _____		IF NAME CHANGED, STATE REASON: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> ADOPTION <input type="checkbox"/> DEED POLL OTHER: _____	

3. PASSPORT DETAILS: (ONLY FOR PREVIOUS PASSPORT HOLDERS)

BEARER'S NAME AT TIME OF ISSUE PREVIOUS PASSPORT:		PASSPORT NUMBER:	
STATUS OF PASSPORT: <input type="checkbox"/> EXPIRED <input type="checkbox"/> PAGES FULL <input type="checkbox"/> STOLEN <input type="checkbox"/> LOST <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> DAMAGED			
PLACE (ISLAND/STATE/COUNTRY/PROVINCE) & COUNTRY WHERE LOST/ STOLEN:		NAME OF POLICE STATION WHERE REPORT WAS MADE:	
		DATE OF REPORT: DD _____ MM _____ YYYY _____	

4. CONTACT DETAILS:

PRESENT ADDRESS: (APT. NO., P.O.BOX, STREET, CITY, STATE & COUNTRY)		PERMANENT ADDRESS: (APT. NO., P.O.BOX, STREET, CITY, STATE & COUNTRY)	
TELEPHONE: HOME _____ WORK _____ MOBILE _____		EMAIL ADDRESS:	

5. EMPLOYMENT/SCHOOL INFORMATION:

OCCUPATION: (IF APPLICABLE; STATE IF STUDENT/ RETIRED/ UNEMPLOYED)		COMPANY NAME / EMPLOYER OR SCHOOL NAME:	
ADDRESS: (STREET, CITY, STATE & COUNTRY)		TELEPHONE:	

6. FAMILY DETAILS:

MOTHER'S FULL NAME: (UNDERLINE SURNAME)	COUNTRY OF BIRTH:	NATIONALITY:	DATE OF BIRTH: DD ___ MM ___ YYYY ___
MOTHER IS A CITIZEN OF THE BAHAMAS BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> REGISTRATION <input type="checkbox"/> NATURALIZATION	DOCUMENT NUMBER:	PLACE OF DOCUMENT ISSUE:	DATE OF DOCUMENT ISSUE:
FATHER'S FULL NAME: (UNDERLINE SURNAME)	COUNTRY OF BIRTH:	NATIONALITY:	DATE OF BIRTH: DD ___ MM ___ YYYY ___
FATHER IS A CITIZEN OF THE BAHAMAS BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> REGISTRATION <input type="checkbox"/> NATURALIZATION	DOCUMENT NUMBER:	PLACE OF DOCUMENT ISSUE:	DATE OF DOCUMENT ISSUE:
SPOUSE'S FULL NAME: (UNDERLINE SURNAME)	COUNTRY OF BIRTH:	NATIONALITY:	DATE OF BIRTH: DD ___ MM ___ YYYY ___
PERSON TO CONTACT IN CASE OF AN EMERGENCY			
FULL NAME:		ADDRESS:	
RELATIONSHIP:	TELEPHONE: HOME _____	WORK _____	MOBILE _____

7. TO BE COMPLETED IF CHILD IS UNDER AGE 18:

FULL NAME: (MOTHER , IF UNMARRIED,EITHER PARENT, IF MARRIED OR LEGAL GUARDIAN)	RELATIONSHIP TO CHILD:
PRESENT ADDRESS: (APT. NO., P.O.BOX,STREET,CITY,STATE & COUNTRY)	I HEREBY GIVE MY CONSENT FOR (NAME OF APPLICANT) TO BE ISSUED A PASSPORT
	SIGNATURE: _____ DATE: DD ___ MM ___ YYYY ___

8. DECLARATION OF APPLICANT:

I, THE UNDERSIGNED, HEREBY APPLY FOR THE ISSUE OF A PASSPORT. I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT I HAVE THE STATUS OF BAHAMAIAN CITIZEN, AND THAT I HAVE NOT RENOUNCED CITIZENSHIP OF THE BAHAMAS. I FURTHER DECLARE THAT:

I HAVE NOT PREVIOUSLY HELD OR APPLIED FOR A PASSPORT OF ANY DESCRIPTION.

ALL PREVIOUS PASSPORTS GRANTED TO ME HAVE BEEN SURRENDERED, OTHER THAN PASSPORT OR DOCUMENT NO. _____ WHICH IS NOW ATTACHED, AND THAT I HAVE SUBMITTED NO OTHER APPLICATION FOR A PASSPORT SINCE THE ATTACHED PASSPORT OR TRAVEL DOCUMENT WAS ISSUED TO ME.

SIGNATURE :

_____ **DATE:** DD ___ MM ___ YYYY ___

9. COUNTERSIGNATURE: (REQUIRED FOR FIRST TIME, LOST, STOLEN, NAME CHANGES OR PASSPORTS WITH EXPIRED VALIDITY DATE OF 10 YEARS OR MORE ONLY.)

COUNTERSIGNATURE'S FULL NAME:	COUNTERSIGNATURE'S PROFESSION:
COUNTERSIGNATURE'S PRESENT ADDRESS: (APT. NO., P.O.BOX,STREET,CITY,STATE & COUNTRY)	OFFICE STAMP/SEAL:
I CERTIFY THAT THE APPLICANT HAS BEEN KNOWN PERSONALLY TO ME FOR ___ YEARS AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FACTS STATED ON THIS FORM ARE CORRECT. I AM A CITIZEN OF _____ (STATE THE COUNTRY) AND I WAS BORN (STATE PLACE AND COUNTRY OF BIRTH) _____.	
COUNTERSIGNATURE'S SIGNATURE:	DATE: DD ___ MM ___ YYYY ___