

Form L



Government of Antigua and Barbuda

APPLICATION NUMBER

SECTION 1 – PERSONAL INFORMATION					PHOTO
SURNAME					
GIVEN NAMES					
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		SEX <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT (FEET)	HEIGHT (INCHES)	
DATE OF BIRTH Day Month Year	NATIONALITY		SIGNATURE DO NOT WRITE OUTSIDE THE BOX		
PLACE OF BIRTH	COUNTRY OF BIRTH				
PERMANENT ADDRESS			COUNTRY OF RESIDENCE		
TELEPHONE NUMBER(S)			DISTINGUISHING MARKS (IF ANY)		
SECTION 2 – TYPE OF APPLICATION			<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Emergency		
SECTION 3 – REASON FOR APPLICATION					
REASON FOR PASSPORT APPLICATION					
<input checked="" type="checkbox"/> New (first-time) issue <input type="checkbox"/> Full passport <input type="checkbox"/> Stolen passport <input type="checkbox"/> Name change <input type="checkbox"/> Expired passport <input type="checkbox"/> Lost passport <input type="checkbox"/> Damaged passport <input type="checkbox"/> Other					
REASON FOR "NAME CHANGE" APPLICATION			"OTHER" REASON FOR APPLICATION		
<input type="checkbox"/> Adoption <input type="checkbox"/> Deed poll <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce			N/A		
SECTION 4 – NATIONAL STATUS					
CITIZEN OF ANTIGUA AND BARBUDA BY:			CERTIFICATE NUMBER		DATE OF ISSUE (CERTIFICATE)
<input type="checkbox"/> Birth <input type="checkbox"/> Naturalisation <input checked="" type="checkbox"/> Registration (CIP) <input type="checkbox"/> Descent <input type="checkbox"/> Registration <input type="checkbox"/> Marriage (Sec 112e)					Day Month Year
PASSPORT NUMBER OF COUNTRY OF BIRTH		PLACE OF ISSUE (PASSPORT OF COUNTRY OF BIRTH)		DATE OF ISSUE (PASSPORT OF COUNTRY OF BIRTH)	
				Day Month Year	

SECTION 5 – WERE YOU BORN OUTSIDE OF ANTIGUA AND BARBUDA?

WERE YOU BORN OUTSIDE OF ANTIGUA AND BARBUDA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FATHER'S FULL NAME		FATHER'S PLACE OF BIRTH	
	FATHER'S COUNTRY OF BIRTH		FATHER'S DATE OF BIRTH Day Month Year	
	MOTHER'S FULL NAME		MOTHER'S PLACE OF BIRTH	
	MOTHER'S COUNTRY OF BIRTH		MOTHER'S DATE OF BIRTH Day Month Year	
	GRANDPARENT'S FULL NAME N/A		GRANDPARENT'S PLACE OF BIRTH N/A	
	GRANDPARENT'S COUNTRY OF BIRTH N/A		GRANDPARENT'S DATE OF BIRTH Day Month Year N/A	

IF FATHER, MOTHER OR GRANDPARENT IS A CITIZEN BY NATURALISATION OR REGISTRATION, PLEASE COMPLETE:	DOCUMENT NUMBER	PLACE OF ISSUE	DATE OF ISSUE Day Month Year
	N/A		

IF APPLICANT'S BIRTH WAS REGISTERED AT A CONSULATE OF ANTIGUA AND BARBUDA, PLEASE COMPLETE:	NAME OF CONSULATE	REGISTRATION CERTIFICATE NUMBER	DATE OF ISSUE Day Month Year
	N/A		

SECTION 6 – SUPPORTING DOCUMENTS

THE FOLLOWING DOCUMENTS WERE SUBMITTED WITH THE PASSPORT APPLICATION:

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Adoption certificate	<input type="checkbox"/> Diplomatic/official application
<input type="checkbox"/> Baptismal certificate	<input type="checkbox"/> Proof of legal guardianship	<input type="checkbox"/> Registration certificate
<input type="checkbox"/> Marriage certificate	<input type="checkbox"/> Deed poll	<input type="checkbox"/> Naturalisation certificate
<input type="checkbox"/> Divorce certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other _____

SECTION 7 – PREVIOUS PASSPORT

IS PREVIOUS PASSPORT ATTACHED? Yes No

SECTION 8 – LOST/STOLEN PASSPORT

(LOST/STOLEN) PASSPORT NUMBER N/A	PLACE OF ISSUE N/A	DATE OF ISSUE Day Month Year N/A	
YOUR DETAILS AT TIME OF ISSUE:	SURNAME N/A	GIVEN NAMES N/A	MARITAL STATUS N/A
CIRCUMSTANCES IN WHICH PASSPORT WAS LOST OR WHY IT IS NOT AVAILABLE: N/A			
PLACE OF LOSS N/A	DATE OF LOSS Day Month Year N/A	HAS LOSS BEEN REPORTED TO THE POLICE? N/A	DATE LOSS REPORTED Day Month Year N/A

SECTION 9 – CERTIFICATION		
FULL NAME (CERTIFIER'S INFORMATION)	OCCUPATION	DATE Day Month Year
ADDRESS		CONTACT NUMBER(S)
SIGNATURE		YEARS KNOWN
SECTION 10 – PARENTAL/GUARDIAN CONSENT		
PARENT/GUARDIAN GIVEN NAME	SECOND PARENT GIVEN NAME (IF APPLICABLE)	
PARENT/GUARDIAN SURNAME	SECOND PARENT SURNAME (IF APPLICABLE)	
<input type="checkbox"/> I/WE HEREBY GIVE CONSENT FOR	CHILD'S NAME: TO HOLD AN ANTIGUA AND BARBUDA PASSPORT	
FATHER'S AND/OR MOTHER'S SIGNATURE OR LEGAL GUARDIAN'S SIGNATURE		
SECTION 11 – SUPPLEMENTARY INFORMATION		
SECTION 12 – DECLARATION		
<p>I, the undersigned, hereby apply for the issue of a passport. I declare that the information provided in this application is correct to the best of my knowledge and belief and that I have not lost or renounced the status of Citizen of Antigua and Barbuda. I further declare that any and all previous passports granted to me have been surrendered, other than the passport or travel document with the number specified in this form, which is now attached, and that no other application for a passport has been made since the attached passport or travel document was issued to me.</p>		
APPLICANT'S SIGNATURE	DATE	
_____	_____	

FOR OFFICIAL USE ONLY	AMOUNT OF FEE PAID
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