



Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

NOT TO BE SOLD

A APPLICANT'S PERSONAL DATA			
A	Surname		Profession or Occupation
	First Name		Marital Status Single Divorced Married Widowed
	Middle Name(s)		
	Maiden Surname (family name at birth)		
	Previous Name: (If name has been changed other than by marriage)		
	Place of Birth: (Town, City and Parish)		Eye Colour Dark Brown Brown Grey Grey Blue Blue Hazel Chestnut Black Red Burgundy Mixed
	Date of Birth (DD/MM/YYYY)	Sex Male Female	Height cm
	Place of Birth		Mother's First Name
	Special Visible Features		Mother's Maiden Name (Surname before Marriage)
	APPLICANT'S PERMANENT ADDRESS Street Number and Street name Town, City and Parish Country		APPLICANT'S MAILING ADDRESS (If different from permanent address) Street Number and Street name Town, City and Parish Country
	Postal or Zip Code	State	Postal or Zip Code State
	Residential Telephone Number Area Code Seven Digit Number		Business Telephone Number Area Code Seven Digit Number
	E-Mail Address:		
B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED			
	Date of Marriage (DD/MM/YYYY)	Place of Marriage: (Town, City and Parish)	Country:
	Spouse's Name: (If Married, divorced or widowed)		Surname
	First Name		



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

Signature of the Applicant WITHIN 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	Father	Legal Guardian
	Declaration of person giving consent:		
	I (name).....the (Relationship).		
	Of (Minor's Name), give my consent for him/her 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 (DD/MM/YYYY)	Date of Loss (DD/MM/YYYY)
	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:		
	I have not previously held or applied for a Jamaican Passport		
	All previous passports granted to me have been surrendered, other than Passport or Travel Document No. which is submitted herewith.		
	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 (DD/MM/YYYY)	

F EMERGENCY CONTACT PERSONS

FIRST CONTACT PERSON		
Surname	First Name	Middle Names

Street Number and Street name	Telephone Number Area Code Seven Digit Number
Town, City and Parish/State	Relationship
Country	

State	Postal or Zip Code
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SECOND CONTACT PERSON		
Surname	First Name	Middle Names

Street Number and Street name	Telephone Number Area Code Seven Digit Number
Town, City and Parish/ State	Relationship
Country	

State	Postal or Zip Code
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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**

hereby certify that I have known
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.

Address of Certifying Official Building/Apartment Number and Name (if applicable)	Country	Official Stamp or Seal (If any)
Street Number and Street name	Postal Code or Zip Code	
Town, City and Parish/ State	Telephone Number Area Code Seven Digit Number	

..... Signature of Certifying Official	Date of Certification (DD/MM/YYYY)
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