

ST. KITTS AND NEVIS

Application for ePassport



Application Number:
Current Passport Number:

SIGNATURE BOX

Sign within bordered area
(Use dark blue or black ink)

PHOTO
AREA
(for office use)

IMPORTANT:

- Do not complete this form until you have read the Instructions Form.
- Please complete this form in black or blue ink and using block capital letters.
- Section 2 is for **Submitters** (not the Applicant).
- Section 8 is for **Recommenders** (not the Applicant).

**DO NOT SUBMIT THE
INSTRUCTIONS FORM WITH
YOUR APPLICATION!**

1) APPLICATION DETAILS

ePassport Type:	Regular	Diplomatic	Official	Processing Time:	Standard	Expedited	Urgent
Application For:	Adult	Child (<i>under 16 years of age</i>)	Senior				
Application Reason:	New Replacement (Renewal lost	Expired stolen	damaged	name change	full book	data error)
Submitted By:	Applicant	Other proxies	Agent	Ministry of National Security			
Application Location:							
Passport Pickup Location:							

2) SUBMITTER (*Submits the application on behalf of the Applicant. Skip this section if you are the Parent/Legal Guardian*)

Submitter Surname:	Submitter Given Name(s):		Signature
ID Type:	ID No.:	Date (DD-MM-YYYY)	
Country of Issue:	Address:		
Email:	Phone:		

3) APPLICANT INFORMATION

Surname:	Maiden Surname:	Given Name(s):	
Title:	Mr. Mrs. Ms. Miss Other: _____	Date of Birth: (DD-MM-YYYY)	Original names (<i>if name has been changed other than by marriage</i>):
Sex:	M F X	Eye Colour:	Hair Colour:
City of Birth:	Parish of Birth:	Country of Birth:	Height: (feet/inches)
Visible identification marks (in detail):			
Profession/Occupation/Designation:			
Marital Status:	Single	Married	Divorced
			Widowed
			Legally Separated

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4) CONTACT INFORMATION						
Local Phone No.:				Overseas Phone No.:		
Email:						
CURRENT ADDRESS			PERMANENT ADDRESS <i>Same as current address</i>			
Street/Village:				Street/Village:		
P.O. Box:				P.O. Box:		
City:				City:		
State:				State:		
Zip/Postal Code:				Zip/Postal Code:		
Country:				Country:		
5) CITIZENSHIP						
Citizenship:	Birth	Descent	Marriage	Residence	Registration	Investment (CIP)
Certificate No.:	Place of Issue:			Date of Issue:		(DD-MM-YYYY)
<i>Complete the below only for Citizenship by Descent</i>						
Parent/Grandparent Surname:			Parent/Grandparent Given Name(s):			Date of Birth:
						(DD-MM-YYYY)
Place of Birth:			Country of Birth:			
<i>Complete the below only for Citizenship by Marriage</i>						
Spouse's Surname:		Spouse's Given Name(s):		Place of Marriage:		Date of Marriage:
						(DD-MM-YYYY)
Spouse's Date of Birth:	Spouse's Place of Birth:		Spouse's Country of Birth:		Spouse's Certificate No.:	
(DD-MM-YYYY)						
6) LOST, STOLEN, or DAMAGED PASSPORT (if applicable)						
Reason:	Lost	Passport No.: (if known)	Date of Loss:	Place of Loss:	Country of Loss:	
	Stolen					
	Damaged		(DD-MM-YYYY)			
Police Station/St. Kitts and Nevis High Commission/Consulate:			Police/Case Report No.:		Report Date: (DD-MM-YYYY)	
Comments:						
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 St. Kitts and Nevis Passport Office or to a St. Kitts and Nevis High Commission.						
					Signature	
					Date (DD-MM-YYYY)	

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7) DECLARATION (for Applicants and Parents/Legal Guardians)

Parent/Legal Guardian of a child under 16 years of age:

I, the undersigned hereby apply for the issue of a passport to the above-named child. I declare that the information given in this application is correct to the best of my knowledge and belief, and that the child has not lost the status of citizen of Saint Christopher (St. Kitts) and Nevis.

Relationship to Child:	Father	Mother	Legal Guardian
Parent/Legal Guardian Surname:	Parent/Legal Guardian Given Name(s):		
			Signature
ID Type:	ID No.:		
			Date (DD-MM-YYYY)

I, the Applicant (if 16 years of age or over), or Parent/Legal Guardian of the Applicant (if under 16 years of age) declare (check all that apply):

NOTE: If you have had a passport that has been lost or stolen, do not check boxes C and D, and ensure to complete the Passport Recovery Form and **Section 11** of this form.

A – The information provided in this application is correct to the best of my knowledge and belief.

B – That I (or the child) have not lost the status of Citizen of Saint Christopher (St. Kitts) and Nevis.

C – That I (or the child) have not previously held or applied for a Saint Christopher (St. Kitts) and Nevis passport of any type.

D – That all previous passports granted to me (or the child) have been surrendered or cancelled, other than passport no.: _____, which is now attached, and that no other application for a passport has been made since the attached passport was issued to me (or the child).

E – I understand that knowingly making a false statement in this application is an offence contrary to Section 10 of the Passports and Travel Documents Act.

Signature	Date (DD-MM-YYYY)

8) RECOMMENDER

Recommender Surname:		Recommender Given Name(s):	
Address:			
Phone No.:		Email:	
Profession:		Years have known the Applicant:	

I certify that the applicant is known to me personally to me, and that to the best of my knowledge and belief, the facts stated in this application form are correct. I have known the applicant for the above-specified years.

Signature	Date (DD-MM-YYYY)	Official Stamp

IMPORTANT: Applicants and persons who countersign applications (see Section 7) are warned that, should any statement made in connection with this applicant, prove to be untrue, the consequences to them may be serious.

9) SUPPLEMENTAL INFORMATION

Comments:	
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10) PAYMENT STAMPS *(for office use)*

Place stamps here:

