

For Official Use Only

Application Number.....

Application for Antigua and Barbuda Passport for Applicants 16 Years and Older

Form L

Section 1 Your Details. Please refer to Note 1

Surname: _____

First Name: _____

Middle Name(s) _____

Marital Status: Single Married Divorced Widowed Separated

Permanent Address _____

Date of Birth ___/___/___ Age _____ Place of Birth _____
 dd mm yy

Country of Birth: _____ Sex: Male Female

Height (ft) _____

Distinguishing Marks (if any) _____

Telephone Numbers _____

Section 2 Type of Application Please refer to Note 2

Standard Emergency Number of Pages Required: 32 64

Section 3 Reason for Application

Please refer to Note 3

- | | |
|---|---|
| A) New (First Time) Issue <input type="checkbox"/> | F) Reissue Due to Name Change <input type="checkbox"/> |
| B) Reissue of Expired Passport <input type="checkbox"/> | F1) Reason for Name Change
(tick below) |
| C) Reissue of full Passport <input type="checkbox"/> | Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> |
| D) Reissue of Lost/stolen Passport <input type="checkbox"/> | Deed Poll <input type="checkbox"/> |
| E) Reissue of Damaged Passport <input type="checkbox"/> | G) Other (please specify) <input type="checkbox"/> |
| | _____ |
| | _____ |

Section 4 National Status Please refer to Note 4

Citizen of Antigua and Barbuda by:

- | | | |
|--------------------------------------|--|--|
| i) Birth <input type="checkbox"/> | iii) Naturalization <input type="checkbox"/> | v) Registration pursuant to
Citizenship by Investment
Act <input type="checkbox"/> |
| ii) Descent <input type="checkbox"/> | iv) Registration <input type="checkbox"/>
pursuant to the
Citizenship
Act, Cap. 22 <input type="checkbox"/> | vi) Registration pursuant to
Millennium Naturalization
2004 <input type="checkbox"/> |

NB: If you are a citizen of Antigua and Barbuda by naturalization or registration, please complete the following:

Certificate Number _____

Date of Issue ____/____/____
dd mm yy

Passport Number of Country of Birth _____

Place of Issue _____ Date of Issue ____/____/____

Section 5 Were You Born Outside of Antigua and Barbuda?

Yes

No

If yes, please refer to Note 5 and then complete this section

Father's Details

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

Mother's Details (if applicable)

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

Grandparent's Details (if applicable)

Full Name _____

Place and Country of Birth _____

Date of Birth ____/____/____
dd mm yy

NB If father, mother or grandparent is a citizen of Antigua and Barbuda by naturalization or registration, please complete the following:

Section 6 Supporting Documents Produced

Please refer to Note 6

Both original and photocopies must be produced.

The following documents were submitted with the passport application:

- | | | | |
|---------------------------|--------------------------|------------------------------|--------------------------|
| i) Birth Certificate | <input type="checkbox"/> | v) Adoption Certificate | <input type="checkbox"/> |
| ii) Baptismal Certificate | <input type="checkbox"/> | vi) Proof of Legal Guardian | <input type="checkbox"/> |
| iii) Marriage Certificate | <input type="checkbox"/> | vii) Deed Poll | <input type="checkbox"/> |
| iv) Divorce Certificate | <input type="checkbox"/> | viii) Other (please specify) | <input type="checkbox"/> |

Section 7 Previous Passport Please refer to Note 7

Is the previous passport attached Yes No
If yes, previous passport number _____
If no, go to section 8

Section 8 Lost/Stolen Passport Please refer to Note 8
Give details of the passport which has been lost or stolen

Passport Number _____

Place of Issue _____

Date of Issue _____/_____/_____
dd mm yy

Your details at time of issue

Surname _____

First Name: _____

Middle Name(s) _____

Marital Status: Single Married Divorced Widowed Separated

Circumstances in which passport was lost or why it is not available:

Place of Loss _____ Date of Loss _____/_____/_____
dd mm yy

Has Loss Been Reported to the Police? _____

Date Loss reported to the Police _____/_____/_____
dd mm yy

Section 9 Certification

Please refer to Notes 9 and 10

*I certify that the applicant **has been known personally to me for** _____
**(state period) and that the photograph which contains my signature, is a true
photograph of the applicant.**

Certifier:

Full Name (block capitals) _____

Occupation _____

Address _____

Contact Number (s) _____

Signature _____ Date ____/____/____
dd mm yy

Official Stamp

Section 10 Parental Consent

Please refer to Note 11

I/ We _____
(Please Print Given and Surnames)the _____
(Please State -Mother/Father/ Guardian)of _____
(Please Print Child's Name)hereby give consent for him her to hold an Antigua and Barbuda passport.Father's Signature _____ Date ____/____/____
dd mm yyMother's Signature _____ Date ____/____/____
dd mm yy

