For Official Use Only
Application Numberé é é é é é é é é é .

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 ☐

B) Reissue of Expired Passport ☐

C) Reissue of full Passport ☐

D) Reissue of Lost/stolen Passport ☐

E) Reissue of Damaged Passport ☐

F) Reissue Due to Name Change ☐

F1) Reason for Name Change (tick below)

Marriage ☐ Adoption ☐

Deed Poll ☐

G) Other (please specify) ☐

_____

_____

Section 4 National Status Please refer to Note 4

Citizen of Antigua and Barbuda by:

i) Birth ☐

ii) Descent ☐

iii) Naturalization ☐

iv) Registration pursuant to the Citizenship Act, Cap. 22 ☐

v) Registration pursuant to Citizenship by Investment Act, 2013 ☐

v) Registration pursuant to Millennium Naturalization, 2004 ☐

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_____/_____/_____
dd mm yy

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

Evidence of Citizenship _____

Date of Issue _____

Passport Number of Country of Birth _____

Place of Issue _____ Date of Issue_____/_____/_____
dd mm yy

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:

Number of his/her Document _____ Place of Issue _____

Date of Issue_____/_____/_____
dd mm yy

NB If applicantôs birth was registered at a Consulate of Antigua and Barbuda, please complete the following:

Name of Consulate _____ Number of Certificate_____

Date of Issue _____/_____/_____
dd mm yy

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	☐	v) Adoption Certificate	☐
ii)	Baptismal Certificate	☐	vi) Proof of Legal Guardian	☐
iii)	Marriage Certificate	☐	vii) Deed Poll	☐
iv)	Divorce Certificate	☐	viii) Other (please specify)	☐

_____

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

CIP Applicants are asked to refer to their Licensed Agent

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 Childôs Name)

hereby give consent for him ☐ her ☐ to hold an Antigua and Barbuda passport.

Fatherôs Signature _____ Date _____/_____/_____
dd mm yy

Motherôs Signature_____ Date _____/_____/_____
dd mm yy

Section 11 Supplementary Information Please refer to Note 12

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature _____ Date_____/_____/_____
dd mm yy

Section 12 Declaration Please refer to Note 13
To be signed by all applicants

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 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 section __ of 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.

Signature _____ Date _____/_____/_____
dd mm yy

NB: If the applicant is 16 or 17 years, the parent or court appointed guardian is required to sign this section.

Section 13 Signature	Please refer to Note 14
To be signed by all applicants	

IMPORTANT – DO NOT TOUCH THE LINES OF THE BOX
Failure to comply with this instruction will invalidate the application.

FOR OFFICIAL USE ONLY
Please do not write below this line

CIP Registration No. _____

Amount of Fee Paid _____