

SAINT CHRISTOPHER (ST. KITTS) & NEVIS

Application For A Passport

Instructions for completing this form

1. Section 1, 2 and 6 must be completed by all applicants.
2. Section 3 and 4 are to be completed where and when applicable.
3. Section 7 is to be completed by the Parent or Legal Guardian of an applicant under 16 years of age.
4. Section 8 is to be completed by all applicants 16 years of age and older.
5. Section 9 is to be completed by the recommender.
6. Section 10 is to be completed if the applicant's current passport has been damaged, lost or stolen.

Required Documents

Applicants under age 16 and over age 65:

1. Completed Application Form;
2. Two (2) standard passport photographs;
3. Original Birth Certificate; or
4. Certificate of Citizenship(if applicable);
5. Current Passport (if applicable);
6. Any other document specifically requested.

Applicants between ages 16 and 65, inclusively:

1. Completed Application Form;
2. Two (2) standard passport photographs;
3. Original Birth Certificate; or
4. Certificate of Citizenship (if applicable);
5. Current Passport (if applicable);
6. Marriage Certificate (required to change applicant's last name to spouse's last name);
7. Decree Absolute (for applicant to revert to maiden name);
8. Any other document specifically requested.

Photograph Specifications and Instructions

Two identical copies of a recently taken photograph of the applicant must be included with the application. The photographs must be taken full face, ears showing, no teeth exposed, no earrings on males, hairline must be showing, without a hat, against a neutral (preferably white) background. The photograph must be in full colour and not retouched; monochrome photographs will not be accepted. The dimensions of the photograph must be 1.77" c 1/38" (45mm x 35mm).

The Recommender is required to sign the back of the photographs and endorse them with the following words:

*"I certify that this is a true likeness of the applicant
Mr./Ms. _____."*

Applicants must sign in the rectangular box labelled signature, without touching the lines of the box.

Recommendation Instructions

Section 9 must be completed by the person verifying the declaration of the applicant. This recommender should be a: Member of the National Assembly; Member of the Nevis Island Assembly; Justice of the Peace; Notary Public; Minister of Religion; Medical or Legal Practitioner; Senior Civil Servant; Senior Bank Official; Gazetted Police Officer; or any person of similar standing who is **personally acquainted with the applicant**.

Nationals living in the U.S.A, the form must be notarized at the bottom of page 3 or if the Recommender is the notary.

Processing Fees

Applicant under age 16 and over age 65: **\$100.00**

Applicants between ages 16 and 65, inclusively: **\$150.00**

Citizens by Investment: **\$350.00**

Expedited Processing

The passport will be processed in four (4) business days.

Regular Citizen: **\$250.00** Citizen by Investment:

\$400.00

Replacement Fees (except for Citizens by Investment)

Lost Stolen, Damaged (with official affidavit documentation): **\$250.00**

Lost, Stolen or Damaged (without affidavit documentation): **\$600.00**

All fees are quoted in United States Dollars (USD).

Citizens of St. Kitts & Nevis residing in the United States of America must submit their applications with all fees to one of the following institutions:

Embassy of St. Kitts & Nevis to the USA

1627 K Street NW, Suite 1200

Washington, DC 20006

St. Kitts & Nevis Permanent Mission to the UN

414 E 75th Street, Suite 5

New York, NY 10021

To avoid delay, answers to all relevant sections should be completed in ink.

Please fill out the form in **BLOCK CAPITALS**.

NOTE: Do not sign this form until you have read all notes on page 1.

APPLICATION NO

PASSPORT NUMBER

SIGNATURE

PHOTO

Application for Adult

Application for Child under Age 16

1	Surname <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		
	Christian Names:					
	Maiden Name: (if applicant is a woman who is or has been married)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Has name been changed otherwise than by marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, state original name			PERSONAL DESCRIPTION		
	Age last birthday	Place and country of birth	Date of Birth	Height:	Feet	Inches
	Occupation:			Colour of eyes		
	Present address:			Colour of hair		
	Usual place of residence:			Special peculiarities (visible):		
	Contact numbers:					
2	CITIZENSHIP					
Citizen of St. Kitts and Nevis by <input type="checkbox"/> Birth <input type="checkbox"/> Descent <input type="checkbox"/> Marriage <input type="checkbox"/> Residence <input type="checkbox"/> Registration <input type="checkbox"/> Investment						
If born in <input type="checkbox"/> St. Kitts <input type="checkbox"/> Nevis Birth Certificate no. Parish						
If born outside of St. Kitts and Nevis, particulars of Certificate of Citizenship/Registration						
Number of Certificate Date of Issue						
3	PERSONS WHO ARE CITIZENS OF SAINT CHRISTOPHER (ST. KITTS) AND NEVIS BY DESCENT					
Name of parent/grandparent that was born in St. Kitts and Nevis						
Place of Birth Date of Birth						
4	PERSONS WHO ARE CITIZENS OF SAINT CHRISTOPHER (ST. KITTS) AND NEVIS BY MARRIAGE ONLY					
Name of Spouse Place of Birth						
If spouse was born outside of the Federation, Certificate of Citizenship number:						
Place of Marriage Date of Marriage						

5	CHILDREN UNDER 16 (if to be included in passport upon initial application)				
	Christian Names	Surname	Place and Country of Birth	Date of Birth	Gender and Relationship to Applicant

6 PASSPORT REQUIRED FOR TRAVELLING TO

.....

PURPOSE OF TRAVEL

7 THIS SECTION IS TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF A CHILD UNDER AGE 16

DECLARATION

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.

I further declare (*cross out "A" or "B", whichever does not apply*):

A - that the child has not previously held or applied for a passport of any description;

B - that all previous passports granted to the child have been surrendered, other than passport or travel document No..... 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 him/her.

Name Relationship to Child

Signed Date

NOTE: If the child has had a passport which has been lost, cross out A and B and complete Section 10

8 THIS SECTION IS TO BE COMPLETED BY APPLICANT OVER AGE 16

I, the undersigned, declare that the information given in the application is correct and

a. that I have not lost the status of Citizenship of Saint Christopher (St. Kitts) and Nevis

b. that I have not previously held or applied for any passport or

c. that all previous passports granted to me have been cancelled other than passport no. which is now attached and that I have not made no other application for a passport since the attached passport was issued to me.

Signature Date

9	Recommender I certify that the applicant is known to me personally and that to the best of my knowledge and belief, the facts stated on this form are correct. I have known the applicant for years.	Official stamp (if any)
	Signature Full name Occupation Address Date	

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.

10 **PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE FOR PRESENT USE**

No. issued at on

Bearer's full name at time of issue

Circumstances in which passport was lost or destroyed, or other reason for its non-availability:

.....

.....

.....

Place and date of loss

What measures were taken at the time to report loss and to obtain recovery?

.....

Has loss been reported to the police?

If so, state when and where

I certify that the above particulars are correct and undertake in the event of the passport becoming available to return it to the Passport Office, Saint Christopher (St. Kitts) and Nevis, or to a Saint Christopher (St. Kitts) and Nevis Overseas Mission for cancellation.

Signature Date

(to be signed by parent/guardian for child under age 16)

11 **FOR OFFICIAL USE** DOCUMENTS SUBMITTED TO BE NOTED HERE

SUPPLEMENTARY INFORMATION