



SKNRP#:.....  
Do Not Complete. For official Use Only

## GOVERNMENT OF SAINT CHRISTOPHER (ST. KITTS) AND NEVIS Ministry of Homeland Security

Passport Office  
Government Headquarters  
P.O. Box 186  
Church Street, Basseterre  
St. Kitts and Nevis

### REISSUE OF E PASSPORT

Tel: 869-467-1530/1531/1360/1006  
Email: [SKNpassportoffice@gmail.com](mailto:SKNpassportoffice@gmail.com),  
[SKNpassportrecall@gmail.com](mailto:SKNpassportrecall@gmail.com)

**PLEASE COMPLETE BY PRINTING CLEARLY IN BLOCK CAPITALS**

**USE OF FORM & WARNING:**

A Passport is the property of the Government of Saint Christopher and Nevis and maybe cancelled, withdrawn, recalled or reissued pursuant to section 3 of the Passports and Travel Documents Act Cap 6.04.

The giving of a false statement, false declaration or incorrect information in this form is an offence under the Perjury Act Cap 4.23.

**1 THIS SECTION TO BE COMPLETED BY APPLICANT OR REPRESENTATIVE ON RETURN OF CURRENT PASSPORT**

Full Name (First, Middle and Last Name) [ ] Mr [ ] Mrs [ ] Ms [ ] Miss	Age last birthday:	DD	MM	YYYY
Please list all previous names known by ( <i>whether such was by marriage or otherwise</i> ):	Status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Legally Separated			
Documented Evidence of Other Name: [ ] YES [ ] NO (A copy must be appended to this form)	Gender: [ ] Male [ ] Female			
Place and Country of Birth:				
Present Address: Street:	Contact numbers:			
City:	Cell: .....			
Country:	Home: .....			
Postal Zone/ZIP Code:	Work: .....			

I declare that the above information is true to the best of my knowledge, information and belief:

Signature ..... Date of Completion ...../...../.....  
DD MM YY

**2 FOR OFFICIAL USE ONLY**

Document Reviewed and In Order	YES	NO	St. Kitts Nevis Passport #.....Returned
Date of Return of Current Passport:	DD	MM	YY
Name of Person Receiving New Passport:	Identification Presented (A copy must be appended to this form):		
	a) Drivers Licence [ ]		
	b) Passport [ ]		
	c) Social Security Card [ ]		
	d) National/Voters ID Card [ ]		
	e) Other (please specify):.....		
Name and Signature of Officer (Please print name and Sign):			

**THIS SECTION TO BE COMPLETED BY APPLICANT OR REPRESENTATIVE ON RECEIPT OF NEW PASSPORT**

Name (Please Print): .....

Signature .....

Date of Completion ...../...../.....  
                                  DD          MM          YY