



SAMPLE OF PASSPORT RENEWAL - MINOR

Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

A APPLICANT'S PERSONAL DATA

Surname

D O E

First Name

J A S O N

Middle Name(s)

J O H N

Maiden Surname (family name at birth)

Previous Name: (If name has been changed other than by marriage)

Place of Birth: (Town, City and Parish)

K I N G S T O N

Date of Birth (DD/MM/YYYY)

0 6 0 8 2 0 0 4

Male

☒Sex
Female☐

Height

1 5 0

cm

Profession or Occupation

S T U D E N T

Marital Status

Single ☒Divorced ☐Married ☐Widowed ☐

Eye Colour

Dark Brown ☒Brown ☐Grey ☐Grey Blue ☐Blue ☐Hazel ☐Chestnut ☐Black ☐Red ☐Burgundy ☐Mixed ☐

Place of Birth

J A M A I C A

Special Visible Features

Mother's First Name

J A N E

Mother's Maiden Name (Surname before Marriage)

R A Y

APPLICANT'S PERMANENT ADDRESS

Street Number and Street name

1 5 1 S L A T E R S T R E E T

A P T 1 0 0 0

Town, City and Parish

O T T A W A

Country

C A N A D A

Postal or Zip Code

K I N 1 H 1

State

O N T A R I O

Residential Telephone Number

Area Code Seven Digit Number

6 1 3 2 3 3 9 3 1 1

APPLICANT'S MAILING ADDRESS (If different from permanent address)

Street Number and Street name

Town, City and Parish

Country

Postal or Zip Code

State

Business Telephone Number

Area Code Seven Digit Number

E-Mail Address: passportsandvisas@jhcottawa.ca

B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED

Date of Marriage (DD/MM/YYYY)

Place of Marriage: (Town, City and Parish)

Country:

Spouse's Name: (If Married, divorced or widowed)

Surname

First Name

FOR
OFFICIAL
USE
ONLY

Thumb Print Box Below
For persons unable to sign

Jason Doe

**MINORS 12 YEARS AND OVER ARE
REQUIRED TO SIGN THE SIGNATURE BOX**

C CONSENT FOR MINOR (Applicable to persons under 18 years of age. Mother, Father or Legal Guardian may give consent)		
Particulars of person giving consent to minor		
Surname (parent or legal guardian)	First Name	Middle Name(s)
DOE	JANE	DORA
Relationship to above-named person to minor		
Mother <input checked="" type="radio"/>	Father <input type="radio"/>	Legal Guardian <input type="radio"/>
Declaration of person giving consent:		
I (name) <u>JANE DORA DOE</u> the (Relationship) <u>MOTHER</u>		
Of (Minor's Name) <u>JASON JOHN DOE</u> give my consent for him/her to hold a passport		
<div>Signature of Parent or Legal Guardian</div> <div>Jane Doe</div> <div>SIGNATURE OF PARENT OR LEGAL GUARDIAN REQUIRED</div>		
D PARTICULARS OF MOST RECENT PASSPORT: (This information is required whether the passport is expired or current, damaged, lost or otherwise unavailable)		
Passport Number	Date of Issue (DD/MM/YYYY)	Date of Loss (DD/MM/YYYY)
C15000000	06/02/2005	
Place of Issue		
KINGSTON		
Name in which stolen, lost or unavailable passport was issued	First Name	Middle Names(s)
Surname		
Place of Loss (City, Parish):	BRIEF STATEMENT OF CIRCUMSTANCES WHERE PASSPORT HAS BEEN DAMAGED	
E DECLARATION OF APPLICANT		
I, the undersigned, apply for the issue of a Jamaican Passport. I declare that the information given in this application is correct to the best of my knowledge and belief. I further declare that:		
<input type="radio"/> I have not previously held or applied for a Jamaican Passport		
<input checked="" type="radio"/> All previous passports granted to me have been surrendered, other than Passport or Travel Document No. <u>C1500000</u> which is submitted herewith.		
<input type="radio"/> My passport has been lost or is not available for present use and that I have reported the circumstances to the Police or to the Passport Office (Kingston) or to the Jamaican Consular representative overseas.		
<div>Signature of Applicant</div> <div>Jane Doe</div> <div>SIGNATURE OF PARENT OR GUARDIAN REQUIRED</div> <div>Signature must match the identification presented and must be the same as the signature at Section C</div>		

F EMERGENCY CONTACT PERSONS									
FIRST CONTACT PERSON									
Surname			First Name			Middle Names			
DOE			JANE						
Street Number and Street name					Telephone Number				
151 SLATER STREET					Area Code Seven Digit Number				
APT 1000					013 233 9311				
Town, City and Parish/State					Relationship				
OTTAWA					MOTHER				
ONTARIO									
Country									
CANADA									
State					Postal or Zip Code				
ONTARIO					K1N 1H1				
SECOND CONTACT PERSON									
Surname			First Name			Middle Names			
DOE			JOHN						
Street Number and Street name					Telephone Number				
151 SLATER STREET					Area Code Seven Digit Number				
APT 1000					013 233 9312				
Town, City and Parish/ State					Relationship				
OTTAWA					FATHER				
Country									
CANADA									
State					Postal or Zip Code				
ONTARIO					K1N 1H1				
G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this document)									
WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION									
I.....									
First Name			Middle Name(s)		Surname		Designation/Occupation		
hereby certify that I have known									
For.....(year:.....)									
Address of Certifying Official									
Building/Apartment Number and Name									
Street Number and Street name									
Town, City and Parish/ State									
Date of Certification (DD/MM/YYYY)									
Signature of Certifying Official									
Official Stamp or Seal (If any)									

H	TO BE COMPLETED BY APPLICANTS WHO MUST WEAR HEADGEAR FOR RELIGIOUS REASONS																			
	(Religion/Sect)																			
I	TO BE COMPLETED BY APPLICANTS BORN OUTSIDE OF JAMAICA																			
	Father's Name:										Mother's Name:									
	Father's Place of Birth:										Mother's Place of Birth:									
	Father's Date of Birth: (DD/MM/YYYY)										Mother's Date of Birth: (DD/MM/YYYY)									
J	SUPPLEMENTARY INFORMATION																			
K	FOR OFFICIAL USE ONLY																			
	DOCUMENTS SUBMITTED					DOCUMENT NUMBER					ISSUE DATE (DD/MM/YYYY)					PREVIOUS PASSPORT STAMP				
	BIRTH CERTIFICATE																			
	ADOPTION CERTIFICATE																			
	MARRIAGE CERTIFICATE																			
	NATURALIZATION CERTIFICATE.																			
	REGISTRATION CERTIFICATE																			
	CERTIFICATION OF CITIZENSHIP																			
	DIVORCE CERTIFICATE																			
	DRIVERS' LICENCE																			
	TAX REGISTRATION NUMBER																			
	ELECTORAL IDENTIFICATION																			
	OTHER																			
RECEPTION TEAM																				
(Outpost Staff)																				
Date (DD/MM/YYYY)																				
(Passport Office)																				