



# BAHAMAS PASSPORT APPLICATION FORM

(To be completed in BOLD CAPS and Black or Blue Ink)

**(For Official Use Only)**

Application ID: \_\_\_\_\_

Ordinary/Regular  Child  Frequent Traveler  Certificate of Identity  Diplomatic  Official   
First Time  Renewal  Damaged/Lost/Stolen

**1. PERSONAL DETAILS:** Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

Surname		First Name		Middle Name(s)
Maiden Surname	Place and Country of Birth		Date of Birth (DD/MM/YYYY)	
Height _____ ft. _____ ins.	Colour of Eyes	Colour of Hair		Nationality
Visible Identification Marks (please note in detail)		National Insurance No.	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	

**2. CONTACT DETAILS:**

Present Address (Apt. No., P O Box, Street, City, State & Country)	Permanent Address (Apt. No., P O Box, Street, City, State & Country)
Telephone (Home & Work)	Email (optional)

**3. EMPLOYMENT DETAILS:**

Occupation	Employer Name, Address, and Telephone (if applicable)
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**4. FAMILY DETAILS:**

Father's Full Name (underline surname)	Country of Birth	Nationality	Date of Birth (DD/MM/YYYY)
Mother's Full Name (underline surname)	Country of Birth	Nationality	Date of Birth (DD/MM/YYYY)
Spouse's Full Name (underline surname)	Country of Birth	Nationality	Date of Birth (DD/MM/YYYY)

Person to contact in case of an emergency  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**5. PASSPORT DETAILS (only for previous passport holders):**

Bearer's name at time of issue of previous passport		Passport Number
Status of Passport Expired <input type="checkbox"/> Pages Full <input type="checkbox"/> Name Change <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/>	Date Lost/Stolen (DD/MM/YYYY)	Place (Island/State/County/Province) & Country where lost/stolen
Has loss been Reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Station & Date of Report	Police Report Submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>



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<b>6. ADDITIONAL DETAILS:</b>			
<b>Applicant a Citizen of The Bahamas by:</b> Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		<b>Document Number</b>	
		<b>Place of Document Issue</b>	<b>Date of Document Issue (DD/MM/YYYY)</b>
<b>What other names have you used? (list all alias)</b> 1 _____ 2 _____ 3 _____ 4 _____		<b>If name changed, state reason:</b> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Poll Deed <input type="checkbox"/> Other: _____	
<b>7. TO BE COMPLETED IF PERSONS BORN ABROAD:</b>			
<b>Mother is a Citizen of The Bahamas by:</b> Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		<b>Document Number</b>	
		<b>Place of Document Issue</b>	<b>Date of Document Issue (DD/MM/YYYY)</b>
<b>Father is a Citizen of The Bahamas by:</b> Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		<b>Document Number</b>	
		<b>Place of Document Issue</b>	<b>Date of Document Issue (DD/MM/YYYY)</b>
<b>If applicant's birth was registered at a Bahamian Consulate abroad, state the city where the Consulate is located.</b>		<b>Registration Certificate Number</b>	
		<b>Date of Registration (DD/MM/YYYY)</b>	
<b>8. TO BE COMPLETED IF CHILD IS UNDER AGE 18:</b>			
<b>Full Name (mother, if unmarried, either parent, if married or legal guardian)</b>		<b>Relationship to Child</b>	
<b>Present Address (including country)</b>		<b>I hereby give my consent for (name of applicant) to be issued a passport</b>	
		<b>Signature</b>	<b>Date (DD/MM/YYYY)</b>
<b>9. DECLARATION OF APPLICANT:</b>			
I, the undersigned, hereby apply for the issue of a passport. I declare that the information given in this application is correct to the best of my knowledge and belief, that I have the status of Bahamian citizen, and that I have not renounced citizenship of The Bahamas. I further declare that:			
<input type="checkbox"/> I have not previously held or applied for a passport of any description.			
<input type="checkbox"/> All previous passports granted to me have been surrendered, other than passport or document No. _____ which is now attached, and that I have submitted no other application for a passport since the attached passport or travel document was issued to me.			
<b>Signature:</b> _____		<b>Date:</b> _____	
<b>10. COUNTERSIGNATURE: (Required for First Time and Lost or Stolen Applications only)</b>			
<b>Full Name (please print)</b>		<b>Profession</b>	
<b>Present Address (including country)</b>		<b>OFFICE STAMP</b>	
I certify that the applicant has been known personally to me for _____ years and that to the best of my knowledge and belief the facts stated on this form are correct. I am a citizen of _____ and I was born at _____.			
<b>Signature</b>			
<b>Date (DD/MM/YYYY)</b>			