



BAHAMAS PASSPORT APPLICATION FORM

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

(For Official Use Only)	Application ID: _____
Ordinary/Regular <input type="checkbox"/> Child <input type="checkbox"/> Frequent Traveler <input type="checkbox"/> Certificate of Identity <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> First Time <input type="checkbox"/> Renewal <input type="checkbox"/> Damaged/Lost/Stolen <input type="checkbox"/>	

1. PERSONAL DETAILS: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> 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)

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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6. ADDITIONAL DETAILS:			
Applicant a Citizen of The Bahamas by: Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		Document Number	
		Place of Document Issue	Date of Document Issue (DD/MM/YYYY)
What other names have you used? (list all alias) 1 _____ 2 _____ 3 _____ 4 _____		If name changed, state reason: Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Poll Deed <input type="checkbox"/> Other: _____	
7. TO BE COMPLETED IF PERSONS BORN ABROAD:			
Mother is a Citizen of The Bahamas by: Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		Document Number	
		Place of Document Issue	Date of Document Issue (DD/MM/YYYY)
Father is a Citizen of The Bahamas by: Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization <input type="checkbox"/>		Document Number	
		Place of Document Issue	Date of Document Issue (DD/MM/YYYY)
If applicant's birth was registered at a Bahamian Consulate abroad, state the city where the Consulate is located.		Registration Certificate Number	
		Date of Registration (DD/MM/YYYY)	
8. TO BE COMPLETED IF CHILD IS UNDER AGE 18:			
Full Name (mother, if unmarried, either parent, if married or legal guardian)		Relationship to Child	
Present Address (including country)		I hereby give my consent for (name of applicant) to be issued a passport	
		Signature	Date (DD/MM/YYYY)
9. DECLARATION OF APPLICANT:			
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.			
Signature: _____		Date: _____	
10. COUNTERSIGNATURE: (Required for First Time and Lost or Stolen Applications only)			
Full Name (please print)		Profession	
Present Address (including country)		OFFICE STAMP	
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 _____.			
Signature			
Date (DD/MM/YYYY)			