



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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6. ADDITIONAL DETAILS:

Applicant a Citizen of the Bahamas by:			Document Number	
Birth <input type="checkbox"/>	Registration <input type="checkbox"/>	Naturalization <input type="checkbox"/>	Place of Document Issue	
			Date of Document Issue (DD/MM/YYYY)	
What other names have you used? (list all alias)			Applicant a Citizen of the Bahamas by:	
1 _____			Marriage <input type="checkbox"/>	
2 _____			Adoption <input type="checkbox"/>	
3 _____			Poll Deed <input type="checkbox"/>	
4 _____			Other: _____	

7. TO BE COMPLETED IF PERSONS BORN ABROAD:

Mother is a Citizen of the Bahamas by:			Document Number	
Birth <input type="checkbox"/>	Registration <input type="checkbox"/>	Naturalization <input type="checkbox"/>	Place of Document Issue	
			Date of Document Issue (DD/MM/YYYY)	
Father is a Citizen of the Bahamas by:			Document Number	
Birth <input type="checkbox"/>	Registration <input type="checkbox"/>	Naturalization <input type="checkbox"/>	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:

I have not previously held or applied for a passport of any description.

All previous passports granted to me have been surrendered, other than passport of 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)			