



APPLICATION FORM FOR TRINIDAD AND TOBAGO EMERGENCY TRAVEL DOCUMENT

PLEASE PRINT INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PEN

WARNING TO ALL APPLICANTS AND RECOMMENDERS
Any such person who makes a written or oral statement knowingly to be
false or misleading is guilty of an offence and is liable to fine and
imprisonment.

FOR OFFICIAL USE ONLY

DOCUMENT #	REASON FOR APPLICATION	DATE OF ISSUE	CITIZEN []
ORIGIN	RECEIPT #	VALID TO	RESIDENT []
PRE-PAID SHIPPING	DATED	PICK UP	OTHER []

1. NAME TO APPEAR IN DOCUMENT (APPLICANT OR CHILD)

SURNAME _____

FIRST NAME _____

MIDDLE NAME(S) _____

MAIDEN NAME _____

FORMER NAME

SURNAME _____

FIRST NAME _____

MOTHER'S MAIDEN NAME

SURNAME _____

2. PERSONAL INFORMATION OF DOCUMENT HOLDER

PHOTOGRAPH

DATE OF BIRTH _____ / _____ / _____ SEX MALE [] FEMALE []

Day Month Year

PLACE OF BIRTH _____

TOWN / CITY

COUNTRY

HEIGHT (CM) _____ EYE COLOUR _____

HAIR COLOUR _____

MARITAL STATUS : SINGLE [] MARRIED [] WIDOWED [] DIVORCED []

SEPARATED [] OTHER []

OCCUPATION / PROFESSION _____

HOME ADDRESS

Street Name *Town/ City*

Town / City *Zip Code* *Country*

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

Street Name *Town/ City*

Town / City *Zip Code* *Country*

WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS

Street Name *Town/ City*

Town / City *Zip Code* *Country*

NAME OF FIRM / ORGANIZATION

HOME TEL. NO. _____ / OFFICE TEL. NO. _____

I solemnly declare that :

Signature of Applicant or Child

- (i) I am a Citizen / Resident of Trinidad and Tobago,
- (ii) The statements made in this application are true,
- (iii) The photographs enclosed are a true likeness of me
- (iv) I do not have nor am I in possession of a valid travel document at this time and
- (v) I know the recommender for at least three years.

Dated _____ / _____ / _____ I.D. _____ Date Of Issue _____ / _____ / _____

Day Month Year *Day Month Year*

DO NOT BEND OR FOLD

3. DECLARATION OF APPLICANT ON BEHALF OF A MINOR (UNDER THE AGE OF 18 YEARS)

I, *FIRST NAME* _____

SURNAME _____

Solemnly declare that I am the _____ of the child whose name is
(RELATIONSHIP)

FIRST NAME _____

SURNAME _____

I also declare that the statements made in this application are true, the photographs enclosed are a true likeness of the child and I have know the recommender for at least three years.

DATED _____
Day Month Year

Signature of Parent/ legal Guardian →



4. DECLARATION OF RECOMMENDER * (To be completed by the Recommender Only) *

I, *FIRST NAME* _____

SURNAME _____

Solemnly declare that I am a commonwealth citizen and to the best of my knowledge and belief, all statements made in this application form are true. I make this declaration from my knowledge of the applicant whose name is :

NAME OF APPLICANT

FIRST NAME _____

SURNAME _____

Whom I have known personally for _____ years.

MY OCCUPATION _____

NAME OF FIRM / ORGANIZATION AND ADDRESS

Name of Firm / Organization

Street Name Town/ City

Town /City Zip Code Country

OFFICE TEL. NO. _____ **HOME TEL. NO.** _____

Dated _____
Day Month Year

I.D. / D.P. / PASSPORT # _____

Date of Issue _____
Day Month Year

Signature of Recommender →



5. FOR OFFICIAL USE ONLY

Birth / Baptismal Certificate Applicant seen by

Naturalization Certificate Approved By

Adoption Certificate Document Written

Registration Certificate Document signed by

Decree Absolute

Marriage Certificate Approving Officer's Stamp

Sworn Declaration

Deed Poll

Others

6. SPECIMEN SIGNATURE OF HOLDER WHICH WILL BE DETACHED AND AFFIXED TO THE TRAVEL DOCUMENT.

