



MINISTRY OF NATIONAL SECURITY

IMMIGRATION AND CITIZENSHIP DIVISION

APPLICATION FOR CERTIFICATION OF IMMIGRATION/CITIZENSHIP STATUS IN THE REPUBLIC OF TRINIDAD AND TOBAGO

NAME OF APPLICANT (PRINT)
 FIRST NAME MIDDLE NAME LAST NAME

PLACE AND COUNTRY OF BIRTH

DATE OF BIRTH PASSPORT/ELECTORIAL ID NUMBER

FATHER'S NAME MOTHER'S NAME

PARENT'S MARITAL STATUS AT APPLICANT'S BIRTH

PARENT'S CHANGE OF NATIONALITY AFTER APPLICANT'S BIRTH

PERMANENT ADDRESS

ADDRESS IN TRINIDAD AND TOBAGO (IF RESIDENT ABROAD)

LENGTH OF TIME APPLICANT HAS RESIDED IN TRINIDAD AND TOBAGO

TELEPHONE NO. E-MAIL ADDRESS

PHOTO

SIGNATURE

DECLARATION

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE

INTERVIEWING OFFICER'S COMMENTS

THE ISSUE OF C.I.S. IS RECOMMENDED SUBJECT IS A CITIZEN/RESIDENT BY VIRTUE OF:

DOCUMENTS SUBMITTED

SIGNATURE OF OFFICER

APPROVED BY