

PHOTO BOX (for office use only)

IMPORTANT: • Forms are to be entered and writt • An authenticated recent passport									
Note: Applicant must have a valid passp APPLICATION DETAILS (for o		_	_		_				
		_							
Document Type: C E- cc	ppy OHard Copy								
Application Reason: Regular Element Recruit Volunteer Element Recruit Officer Cadet Selection									
	Authorized Person								
Submitted by: Applicant									
Application Location:									
1) PERSONAL INFORMATIO	N	Finet manage		Naidelle Name (a)					
Surname:		First name:		Middle Name(s):					
Title: OMr. OMrs. OMs. Oother:		Date of Birth: (DD-MM-YYYY)	Original Name or Aliases:					
Gender: OM OF	Place of Birth:			Country of Birth:					
Eye Colour:	Hair Colour:			Height:	(feet)	(inches)			
Visible identification marks (in detai	l):								
Profession/Occupation/Designation:									
Blood Group:									
Residing Current Address/ District: Ocorozal Orange Walk O Belize O Cayo O Stann Creek O Toledo									
	Village/Town/City								
2) EMERGENCY CONTACT/		эреспу							
Full Name:									
Contact Number/ Email:									
Current Address									
Relationship									
Signature			Date (DD-MM-YYYY)						

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3) CONTACT INFORMATION							
Personal Phone No.:		H	lome Phone No.:				
Email:							
PERMANENT ADD	RESS			CURRENT ADDRESS	Same as permanent address		
Street/Village:		S	treet/Village:				
P.O. Box:		F	P.O. Box:				
City:			city:				
District/State:			District/State: Cip/Postal Code:				
Zip/Postal Code:							
Country:		C	Country:				
4) CITIZENSHIP							
Citizenship acquired by? O Birth	Adoption	Registratio	n				
Certificate No. refers to: (Birth, Adoption, Reg	istration)	Place of Iss	ue:		Date of Issue: (DD-MM-YYYY)		
5) SPOUSE DETAILS (please provide m	ost recent rela	ationship informa	ntion)				
Marital Status: OSingle OMarried	d O Divord	ced OWidov	w(er)				
Spouse's Surname:	Spouse's	Given Name(s):		Place of Marriage:	Date of Marriage: (DD-MM-YYYY)		
Spouse's Date of Birth: (DD-MM-YYYY)	Spouse's	Spouse's Nationality:		Spouse's Place of Birt	th:		
6) DECLARATION							
Original or Copies are to be Certified/Authenticated Printed in Color:		_	•	_			
		_	•	_			
Certified/Authenticated Printed in Color:	O Passport	Educationa	Qualifications/Trai	nscripts (sealed) P	olice Record		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse:	O Passport	Educationa	Qualifications/Trai	nscripts (sealed) P	olice Record		
Certified/Authenticated Printed in Color: Marital Status:	O Passport O Single	Educationa	Qualifications/Trai	nscripts (sealed) P	olice Record		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type:	Passport Single ID No.:	Educationa	Qualifications/Trai	nscripts (sealed) P	Date of Birth: (DD-MM-YYYY)		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse:	O Passport O Single	Educationa	Qualifications/Trai	Sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest	Passport Single ID No.:	Educationa	Qualifications/Trai	Sealed) P	Date of Birth: (DD-MM-YYYY)		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify:	Passport Single ID No.:	Educationa	Qualifications/Trai	Sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify:	Passport Single ID No.:	Educationa	Qualifications/Trai	Sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify: Skills or Trade Specify:	Passport Single ID No.:	Educationa	Qualifications/Trai	Sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify:	Passport Single ID No.: Age (s)	Educationa	Qualifications/Trai	onscripts (sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify: Skills or Trade Specify:	Passport Single ID No.: Age (s)	Educationa	Qualifications/Tran	onscripts (sealed) P	Date of Birth: (DD-MM-YYYY) Signature		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify: Skills or Trade Specify: Employment Status:	Passport Single ID No.: Age (s) Self Employeet. The information 252 of Cruston 252 of Crusto	Educationa Married Oyed Governmentation provided in	Divorced Nationality: Dent Others: Special Office that the control of this application is application.	Date of the documents correct to the best of	Date of Birth: (DD-MM-YYYY) Signature ate (DD-MM-YYYY) ants and data aforementioned of my knowledge and belief. I		
Certified/Authenticated Printed in Color: Marital Status: Place of Birth of spouse: ID Type: Dependents: How Many? Hobbies/Areas of Interest Current Educational Status Specify: Medical History Please Specify: Skills or Trade Specify: Employment Status: 6) DECLARATION This is to certify that I hereby give my conwith respect to identity are true and corrunderstand that it is an offence under Sec	Passport Single ID No.: Age (s) Self Employeet. The information 252 of Cruston 252 of Crusto	Educationa Married Oyed Governmentation provided in	Divorced Nationality: Dent Others: Special Office that the control of this application is application.	Date of the documents correct to the best of	Date of Birth: (DD-MM-YYYY) Signature ate (DD-MM-YYYY) ants and data aforementioned of my knowledge and belief. I		

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7) SUPPLEMENTAL INFORMATION						
Comments:						
Briefly explain why you desire to be member of the Belize Defence Force						
SIGNATURE BOX (Use dark blue or black ink)						

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