

GUIDELINES FOR JAMAICAN PASSPORT APPLICATION

READ CAREFULLY BEFORE COMPLETING THE PASSPORT APPLICATION FORM

- 1.0 **DOCUMENTS** PHOTOCOPIED OR LAMINATED DOCUMENTS WILL NOT BE ACCEPTED
- 1.1 Eligibility for a Jamaican Passport is based on proof of Jamaican Citizenship. ALL applicants are therefore required to submit one of the following documents as applicable:
- | | |
|--|-------------------------------|
| * Birth Certificate | * Certificate of Registration |
| * Certificate of Naturalization | * Adoption Certificate |
| * Letter of Certification of Citizenship | |
- 1.2 Persons claiming Jamaican Citizenship by Descent MUST have their claim established BEFORE submitting the application for a passport. The documents required are:
- | | |
|--------------------------------------|--|
| * Applicant's Birth Certificate | * Proof of Parent's Jamaican Citizenship |
| * Two certified passport photographs | |
- The Citizenship Unit is located at the 1st Floor, Immigration Citizenship and Passport Division, 25 Constant Spring Road, Kingston 10
- 1.3 Passport issuance is also based on credible identification. First time applicants, particularly, are also required to provide one of the following photographic forms of identification:
- | | | |
|-----------------------------------|--------------------|---------------------|
| * National Voter's Identification | * Driver's Licence | * Previous Passport |
|-----------------------------------|--------------------|---------------------|
- Other identification - (subject to approval by the Passport Officers, e.g. work ID)
- 1.4 Any name change must be substantiated by documentary evidence. All married or divorced women are required to submit the certified copy of the Marriage Certificate(s) or Divorce Judgement(s), where the married name is being used. A Deed Poll is required for all other name changes.
- 2.0 **PHOTOGRAPHS** NO EMBOSSED SEAL SHOULD BE AFFIXED TO PHOTOGRAPHS
- 2.1 Applicants are required to submit two (2) identical copies of a professionally produced photograph taken not more than six (6) months prior to the application, with the following specifications:
- The photographs should be taken in colour with a matte/dull finish, against a plain background. Applicants of light complexion should avoid wearing white clothing and should have the photographs taken against a pastel shaded background. Applicants of dark complexion should wear coloured clothing and photographs should be taken against a white background. Applicants with hair is grey/white should have photographs taken against a pale blue or grey background.
 - There should be no reflection from eyeglasses and no background shadows. Excessive light reflection on image is unacceptable. Light distribution should be even throughout photograph.
 - Photographs should provide a full frontal view of the head, neck and top of the shoulders with ears, as much as possible, clearly visible. Photographs should display appropriately clad images; exposed shoulders and chest are to be avoided.
 - The applicant should wear no head covering while taking the photograph. However, applicants who must wear headgear for religious reasons must indicate their religion at Section H.
 - The size of the face should be 25mm to 35mm, from the chin to top of head.
 - When the photograph is cut to a size of about 35mm, there should be a margin of 3mm to 4mm between the head and the edge of the photograph
 - Photographs submitted with an application become the property of the Government of Jamaica

3.0 CERTIFICATION OF APPLICATION (See section G)

3.1 Each applicant is required to present an application form and Photograph that are certified. This can be done by one of the following officials who is a citizen of Jamaica, who is not a member of the family of the applicant AND, has been personally acquainted with the applicant for a period of not less than 12 months:

* Member of Parliament	* High Court Judge	* Resident Magistrate
* Justice of the Peace	* Public Officer (SEG 1 and above)	* Consular Officer
* Attorney-at-law	* Commissioner of Oaths Notary Public	* Parish Councillor
* Bank Manager	* Credit Union Manager	* Clerk of Courts
* Marriage Officers	* Army Officer (Major & above)	* Dental Surgeon
* Medical Practitioner	* Police Officer (Gazetted Ranks)	* Passport Officer
* Veterinarian	* Principal (Primary, Secondary & Tertiary Educational Institutions)	

3.2 The official who certifies the application is also required to certify the reverse side of one photograph of the applicant, with the following inscription above his/her signature:

"I certify that this is a true photograph of (Insert applicant's name and note date of certification),

3.3 For overseas applicants the following persons, who need not be citizens of Jamaica, may certify the application:

* Justice of the Peace	* Notary Public
* Attorney-at-law	* Medical Doctor
* Minister of Religion authorized to perform marriages	

3.4 Overseas applicants may contact the nearest Jamaican Embassy, High Commission or Consulate for other categories of persons who may certify applications and photographs.

3.5 NO FEE SHOULD BE PAID FOR CERTIFYING AN APPLICATION. (Applicable in Jamaica ONLY)

4.0 CONSENT FOR A MINOR (See Section C)

4.1 The mother, father or legal guardian must complete the application for a child less than 18 years. Persons under 18 years of age, who are unmarried, require the written consent of the mother and/or the father or legal guardian, except where such person is a member of the Security Forces. In the event that neither parent nor legal guardian is available, contact should be made with the Customer Service Unit at the Kingston Office or the nearest consular representatives in the overseas missions.

5.0 REQUIREMENT TO APPEAR IN PERSON

- All first time applicants are required to be present at time of application.
- Minors under three years are exempt.
- Renewals do not require personal appearance. However, in some instances an authorized officer may require the appearance of the applicant. A MINOR over 3 years of age doing a renewal is required to appear in person.

6.0 LOST PASSPORTS

A POLICE REPORT MUST BE SUBMITTED WHERE PASSPORT IS LOST, STOLEN OR DESTROYED. IN THE EVENT THAT A LOST PASSPORT SUBSEQUENTLY COMES INTO THE POSSESSION OF THE HOLDER, IT MUST BE RETURNED TO THE PASSPORT OFFICE OR THE NEAREST JAMAICAN EMBASSY, HIGH COMMISSION OR CONSULATE OVERSEAS FOR NECESSARY ACTION.



Print Form

Jamaican Passport Application Form

PLEASE READ THE INFORMATION SHEET CAREFULLY BEFORE COMPLETING THIS FORM

NOT TO BE SOLD

A			APPLICANT'S PERSONAL DATA		
Surname			Profession or Occupation		
First Name			Marital Status		
Middle Name(s)			Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/>		
Maiden Surname (family name at birth)			Eye Colour		
Previous Name: (If name has been changed other than by marriage)			Dark Brown <input type="radio"/> Brown <input type="radio"/> Grey <input type="radio"/>		
Place of Birth: (Town, City and Parish)			Grey Blue <input type="radio"/> Blue <input type="radio"/> Hazel <input type="radio"/>		
Date of Birth (DD/MM/YYYY)			Chestnut <input type="radio"/> Black <input type="radio"/> Red <input type="radio"/>		
Sex Male <input type="radio"/> Female <input type="radio"/>			Burgundy <input type="radio"/> Mixed <input type="radio"/>		
Height			Mother's First Name		
Place of Birth			Mother's Maiden Name (Surname before Marriage)		
Special Visible Features					
APPLICANT'S PERMANENT ADDRESS			APPLICANT'S MAILING ADDRESS (If different from permanent address)		
Street Number and Street name			Street Number and Street name		
Town, City and Parish			Town, City and Parish		
Country			Country		
Postal or Zip Code			Postal or Zip Code		
State			State		
Residential Telephone Number			Business Telephone Number		
Area Code Seven Digit Number			Area Code Seven Digit Number		
E-Mail Address:					
B TO BE COMPLETED IF APPLICANT IS OR HAS BEEN MARRIED					
Date of Marriage (DD/MM/YYYY)		Place of Marriage: (Town, City and Parish)		Country:	
Spouse's Name: (If Married, divorced or widowed)		Surname		First Name	



Thumb Print Box Below
For persons unable to sign

Signature of the Applicant WITHIN in the box above

Note: Signature is not required for applicants under the age of 12 years

C	CONSENT FOR MINOR (Applicable to persons under 18 years of age. Mother, Father or Legal Guardian may give consent)		
Particulars of person giving consent to minor			
Surname (parent or legal guardian)			
First Name			
Middle Name(s)			
Relationship to above-named person to minor			
Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/>			
Declaration of person giving consent:			
I (name).....the (Relationship).			
Of (Minor's Name) give my consent for him/her to hold a passport.			
Signature of Parent or Legal Guardian			
Date			
D	PARTICULARS OF MOST RECENT PASSPORT: (This information is required whether the passport is expired or current, damaged, lost or otherwise unavailable)		
Passport Number			
Date of issue (DD/MM/YYYY)			
Date of Loss (DD/MM/YYYY)			
Place of Issue			
Name in which stolen, lost or unavailable passport was issued			
Surname			
First Name			
Middle Names(s)			
Place of Loss (City, Parish):			
BRIEF STATEMENT OF CIRCUMSTANCES WHERE PASSPORT HAS BEEN DAMAGED			
E			
DECLARATION OF APPLICANT			
I, the undersigned, apply for the issue of a Jamaican Passport. I declare that the information given in this application is correct to the best of my knowledge and belief. I further declare that:			
<input type="radio"/> I have not previously held or applied for a Jamaican Passport			
<input type="radio"/> All previous passports granted to me have been surrendered, other than Passport or Travel Document No. which is submitted herewith.			
<input type="radio"/> My passport has been lost or is not available for present use and that I have reported the circumstances to the Police or to the Passport Office (Kingston) or to the Jamaican Consular representative overseas.			
Date of Declaration (DD/MM/YYYY)			
Signature of Applicant			

F EMERGENCY CONTACT PERSONS			
FIRST CONTACT PERSON			
Surname		First Name	Middle Names
<div></div>		<div></div>	<div></div>
Street Number and Street name		Telephone Number	
<div></div>		Area Code Seven Digit Number	
<div></div>		<div></div>	
Town, City and Parish/State		Relationship	
<div></div>		<div></div>	
<div></div>			
Country			
<div></div>			
State		Postal or Zip Code	
<div></div>		<div></div>	
SECOND CONTACT PERSON			
Surname		First Name	Middle Names
<div></div>		<div></div>	<div></div>
Street Number and Street name		Telephone Number	
<div></div>		Area Code Seven Digit Number	
<div></div>		<div></div>	
Town, City and Parish/ State		Relationship	
<div></div>		<div></div>	
<div></div>			
Country			
<div></div>			
State		Postal or Zip Code	
<div></div>		<div></div>	
G OFFICIAL CERTIFICATION (Please ensure that Sections A-F are completed before certifying this document)			
WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A PASSPORT APPLICATION			
I.....			
First Name	Middle Name(s)	Surname	Designation/Occupation
hereby certify that I have known			
Full Name of Applicant (in the case of a minor, the person giving consent) as stated on application.			
For.....(years) and that the information given is correct to the best of my knowledge and belief.			
Address of Certifying Official		Country	
Building/Apartment Number and Name (if applicable)		<div></div>	
<div></div>		Postal Code or Zip Code	
Street Number and Street name		<div></div>	
<div></div>		Telephone Number	
Town, City and Parish/ State		Area Code Seven Digit Number	
<div></div>		<div></div>	
<div></div>			
<div></div>			
Date of Certification (DD/MM/YYYY)		Official Stamp or Seal (If any)	
<div></div>			
Signature of Certifying Official			

