

Form L



Government of Antigua and Barbuda

APPLICATION NUMBER					
SECTION 1 – PERSONAL INFORMATION				PHOTO	
SURNAME DOE					
GIVEN NAMES JOHN MIDDLENAME					
MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HEIGHT (FEET) 5		
DATE OF BIRTH Day Month Year 30 01 1980		NATIONALITY ANTIGUAN		SIGNATURE DO NOT WRITE OUTSIDE THE BOX John Doe	
PLACE OF BIRTH SAINT JOHNS		COUNTRY OF BIRTH ANTIGUA			
PERMANENT ADDRESS 123 STREET LANE, NY, NY, 10017				COUNTRY OF RESIDENCE USA	
TELEPHONE NUMBER(S) 123 - 123 - 1234				DISTINGUISHING MARKS (IF ANY) N/A	
SECTION 2 – TYPE OF APPLICATION				<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Emergency	
SECTION 3 – REASON FOR APPLICATION					
REASON FOR PASSPORT APPLICATION <input type="checkbox"/> New (first-time) issue <input type="checkbox"/> Full passport <input type="checkbox"/> Stolen passport <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Expired passport <input type="checkbox"/> Lost passport <input type="checkbox"/> Damaged passport <input type="checkbox"/> Other					
REASON FOR "NAME CHANGE" APPLICATION <input type="checkbox"/> Adoption <input type="checkbox"/> Deed poll <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce				"OTHER" REASON FOR APPLICATION N/A	
SECTION 4 – NATIONAL STATUS					
CITIZEN OF ANTIGUA AND BARBUDA BY: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Naturalisation <input type="checkbox"/> Registration (CIP) <input type="checkbox"/> Descent <input type="checkbox"/> Registration <input type="checkbox"/> Marriage (Sec 112e)				CERTIFICATE NUMBER	
PASSPORT NUMBER OF COUNTRY OF BIRTH A123456				DATE OF ISSUE (CERTIFICATE) Day Month Year	
PLACE OF ISSUE (PASSPORT OF COUNTRY OF BIRTH) ANTIGUA & BARBUDA				DATE OF ISSUE (PASSPORT OF COUNTRY OF BIRTH) Day Month Year	

SECTION 5 – WERE YOU BORN OUTSIDE OF ANTIGUA AND BARBUDA?			
WERE YOU BORN OUTSIDE OF ANTIGUA AND BARBUDA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FATHER'S FULL NAME JAMES DOE		FATHER'S PLACE OF BIRTH BOLANS
	FATHER'S COUNTRY OF BIRTH ANTIGUA		FATHER'S DATE OF BIRTH Day Month Year 20 01 1950
	MOTHER'S FULL NAME JANE DOE		MOTHER'S PLACE OF BIRTH URLINGS
	MOTHER'S COUNTRY OF BIRTH ANTIGUA		MOTHER'S DATE OF BIRTH Day Month Year 20 12 1960
	GRANDPARENT'S FULL NAME		GRANDPARENT'S PLACE OF BIRTH
	GRANDPARENT'S COUNTRY OF BIRTH		GRANDPARENT'S DATE OF BIRTH Day Month Year
IF FATHER, MOTHER OR GRANDPARENT IS A CITIZEN BY NATURALISATION OR REGISTRATION, PLEASE COMPLETE:		DOCUMENT NUMBER	PLACE OF ISSUE
			DATE OF ISSUE Day Month Year
IF APPLICANT'S BIRTH WAS REGISTERED AT A CONSULATE OF ANTIGUA AND BARBUDA, PLEASE COMPLETE:		NAME OF CONSULATE	REGISTRATION CERTIFICATE NUMBER
			DATE OF ISSUE Day Month Year
SECTION 6 – SUPPORTING DOCUMENTS			
THE FOLLOWING DOCUMENTS WERE SUBMITTED WITH THE PASSPORT APPLICATION:			
<input checked="" type="checkbox"/> Birth certificate	<input type="checkbox"/> Adoption certificate	<input type="checkbox"/> Diplomatic/official application	
<input type="checkbox"/> Baptismal certificate	<input type="checkbox"/> Proof of legal guardianship	<input type="checkbox"/> Registration certificate	
<input type="checkbox"/> Marriage certificate	<input type="checkbox"/> Deed poll	<input type="checkbox"/> Naturalisation certificate	
<input type="checkbox"/> Divorce certificate	<input checked="" type="checkbox"/> Passport	<input type="checkbox"/> Other _____	
SECTION 7 – PREVIOUS PASSPORT			
IS PREVIOUS PASSPORT ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 8 – LOST/STOLEN PASSPORT			
(LOST/STOLEN) PASSPORT NUMBER	PLACE OF ISSUE		DATE OF ISSUE Day Month Year
YOUR DETAILS AT TIME OF ISSUE: SURNAME		GIVEN NAMES	MARITAL STATUS
CIRCUMSTANCES IN WHICH PASSPORT WAS LOST OR WHY IT IS NOT AVAILABLE:			
PLACE OF LOSS	DATE OF LOSS Day Month Year	HAS LOSS BEEN REPORTED TO THE POLICE?	DATE LOSS REPORTED Day Month Year

SECTION 9 – CERTIFICATION		
FULL NAME (CERTIFIER'S INFORMATION) <i>Notary's Name</i>	OCCUPATION <i>Notary Public</i>	DATE Day Month Year <i>30 5 18</i>
ADDRESS <i>123 Notary Lane, NY, NY, 10017</i>		CONTACT NUMBER(S) <i>212-123-1234</i>
SIGNATURE <i>Notary Sign</i>		YEARS KNOWN <i>NYDL: 12345678910</i>
SECTION 10 – PARENTAL/GUARDIAN CONSENT		
PARENT/GUARDIAN GIVEN NAME	SECOND PARENT GIVEN NAME (IF APPLICABLE)	
PARENT/GUARDIAN SURNAME	SECOND PARENT SURNAME (IF APPLICABLE)	
<input type="checkbox"/> I/WE HEREBY GIVE CONSENT FOR CHILD'S NAME: TO HOLD AN ANTIGUA AND BARBUDA PASSPORT		
FATHER'S AND/OR MOTHER'S SIGNATURE OR LEGAL GUARDIAN'S SIGNATURE		
SECTION 11 – SUPPLEMENTARY INFORMATION		
SECTION 12 – DECLARATION		
<p>I, the undersigned, hereby apply for the issue of a passport. I declare that the information provided in this application is correct to the best of my knowledge and belief and that I have not lost or renounced the status of Citizen of Antigua and Barbuda. I further declare that any and all previous passports granted to me have been surrendered, other than the passport or travel document with the number specified in this form, which is now attached, and that no other application for a passport has been made since the attached passport or travel document was issued to me.</p>		
APPLICANT'S SIGNATURE <i>John Doe</i>		DATE <i>01/01/18</i>

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