

CONSULATE GENERAL OF GRENADA

APPLICATION REQUIREMENTS FOR Emergency Travel Document to Travel to Grenada

The Consulate General of Grenada, Miami strongly advises that you apply for your passport together with your application for an Emergency Travel Document, to facilitate your re-entry into the United States. EMERGENCY TRAVEL DOCUMENTS ARE ONLY ISSUED ONE-WAY TO GRENADA.

- 1 <u>Please read and follow instructions on the first page of application form</u>. IF MAILING YOUR APPLICATION, <u>PLEASE USE AN EXPRESS SERVICE THAT CAN BE TRACKED</u>.
- **2** A written/typed **notarized** statement is required, explaining the nature of your emergency.
- **3** Applicant <u>**MUST**</u> sign the form in the space provided above **Section 1** and in **Section 10**.
- 4 Applications <u>MUST</u> be handwritten, using a **BLUE** or **BLACK** ink and in **BLOCK CAPITAL** letters.
- 5 Applicant <u>MUST</u> complete Sections 1, 3, 4, 5, 7, 10 & 11 and if applicable Sections 2, 8, and 9.
- 6 Applicants who are married, divorced or separated <u>MUST</u> also complete Section 2.
- 7 Applicants born outside of Grenada <u>MUST</u> also complete Section 4.
- 8 Section 11: <u>MUST</u> be completed by your Recommender. Your Recommender, <u>CANNOT</u> be a relative (*direct or in-law*) of the applicant and <u>MUST</u> also endorse the reverse side of ONE of applicant's photos as indicated in the instructions on the first page of the application. See Section RECOMMENDER and PHOTOGRAPHS sections of Passport Application Instructions for details (*"I certify that this is a true likeness of the passport holder Mr./Mrs./Miss"*). Should you not live near a Grenadian who can be your Recommender, please have a Professional who has known you for at least three (3) years and is not a relative (*direct or in-law*) complete Section 11 and draw a line through "Grenada" and insert their country of citizenship.
- 9 Two passport size pictures no more than six (6) months old <u>MUST</u> be submitted with application.
 The Recommender in Section 11 <u>MUST</u> endorse the reverse side of one of the pictures. See Item 7 above for details.
- **10** In the case of a Lost/Stolen/Damaged Passport, please be sure that you have your Affidavit Declaration and Police report accompanying that application.

11 Specifications for photographs:

- i. No glasses.
- **ii.** No hair bands visible.
- iii. No big earrings.
- iv. Ears must be visible.
- **v.** Hair must be away from face and not covering the forehead.
- **vi.** Chest must be covered.
- **12** Children under the age of 16 years <u>MUST</u> have written consent of parent/legal guardian when applying for a passport.

- 13 Female AND male applicants if *married*, <u>MUST</u> supply their ORIGINAL Marriage Certificate. If *divorced* please supply ORIGINAL Divorce Decree. *All documents will be returned with new passport*. If previously submitted with application, you are not required to submit these documents again.
- **14** Applicant <u>**MUST**</u> provide to the Consulate General, the following documents:
 - i. Produce **ORIGINAL** Birth Certificate (*if not supplied previously*), and/or
 - ii. Certificate of Naturalization or Registration (if not supplied previously), and
 - iii. Must surrender current (whether expired or not) passport with application, and
 - iv. Two (2) passport photos, and
 - v. Confirmed itinerary, *and*
 - vi. Notarized copy of valid evidence of permission to re-enter the United Sates (*Alien Registration Card, valid visa, or re-entry permit*), *and*
 - vii. Application fee money order for **\$35.00** and courier fee money order for **\$20.00**.

PLEASE READ ALL INSTURCTIONS ON APPLICATION FORM FOR FURTHER DETAILS

CARIBBEAN COMMUNITY GRENADA PASSPORT FEE SCHEDULE within the USA	
Ітем	FEES
Emergency Travel Document to Grenada ONLY	US\$35.00

RETURN POSTAGE AND HANDLING FEES (<i>if you live within the USA mainland</i>)			
Overnight Express Mail	US\$ 20.00		
RETURN POSTAGE AND HANDLING FEES (<i>if you live outside the USA mainland</i>)			
International Express Mail	US\$ 60.00		
<u>NO</u> PERSONAL OR COMPANY CHECKS ARE ACCEPTED CASH ACCEPTED IN PERSON ONLY CERTIFIED CHECKS AND MONEY ORDERS (PAYABLE TO EMBASSY OF GRENADA)			
PASSPORT APPLICATION FEES AND COURIER FEES <u>MUST</u> BE SEPARATE MONEY ORDERS OR ENTIRE			
APPLICATION WILL BE RETURNED			

Failure to follow all the preceding instruction will result in <u>unnecessary</u> delays in processing and obtaining your Passport.

MAIL TO:

CONSULATE GENERAL OF GRENADA



PART A

INSTRUCTIONS FOR COMPLETION OF CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

(regulations 3 and 4)

GENERAL INSTRUCTIONS

- All relevant sections must be completed.
- Answers should be clearly written in CAPITAL LETTERS.
- Where an applicant is outside of the State of Grenada, he or she may submit an application at the nearest Embassy, Consulate or Mission office.

SIGNING THE FORM

- The passport holder must sign the form in the space provided above Section 1 and in section 10. If the passport holder is unable to sign, the space must remain blank.
- In the case of a passport holder under 16 years old, the legal guardian of the passport holder must sign section 10.

PASSPORT HOLDER UNDER 16 YEARS OLD OR WITH INCAPACITY

- An application for a passport holder under 16 years old must be made by or with the written consent of the legal guardian of the passport holder i.e. the parent or the individual who has legal custody and proof of legal custody is required.
- Where a passport holder is at least 16 years old but is unable to complete the form as a result of mental incapacity, the application must be made by or with the consent of the legal guardian of the passport holder i.e. the parent or the individual who has legal guardianship and proof of legal guardianship is required.
- Where a passport holder is at least 16 years old but is unable to complete the form as a result of physical incapacity, the application may be made by the next of kin i.e. the spouse, parent, child, sibling or other individual empowered by a Power of Attorney.

RECOMMENDER

- Section 11 should be completed by the recommender.
- The recommender should be a Citizen of Grenada who is personally acquainted with the passport holder, and is a Member of Parliament, Justice of the Peace, Minister of Religion, Medical or Legal Practitioner, Established Civil Servant, Principal and other qualified Teachers, Bank Official, Police Officer from the rank of Sergeant, or any person of similar standing.
- A recommender who is not a Citizen of Grenada is acceptable only if he or she is a Legal Practitioner.
- In case of a passport holder under 16 years or a person with mental incapacity, the recommender should be personally acquainted with the legal guardian of the passport holder for at least 2 years.
- A member of the passport holder's immediate family is unacceptable as a recommender.

DOCUMENTS TO BE PRODUCED

- Every passport holder must produce his or her birth certificate.
- Where the passport holder was not born in Grenada, he or she must produce the document establishing that he or she is a citizen of Grenada (e.g. the *birth certificate of the passport holder's parent* who was born in Grenada, a *certificate of naturalization, registration* or *investment* issued by Grenada to the passport holder or his or her parent).
- Where the passport holder is married, he or she must produce the *marriage certificate* and, if applicable, the *divorce certificate* or *death certificate* of *the spouse*.
- Where the passport holder is an adopted child, he or she must produce the *adoption certificate*.
- Where the passport holder has changed his or her name (other than by marriage), he or she must produce the document giving effect to the change (e.g. a *deed poll*) and his or her birth certificate should reflect the change to his or her name.
- Where a passport holder's previous passport has been lost, stolen or damaged, he or she must submit with the application a *police report* or *Statutory Declaration* outlining the circumstances. Additionally, the passport holder must re-submit all relevant documents.
- All documents (other than photographs and a previous passport) must be submitted in original, along with a photocopy.
- A passport holder who surrenders with the application a *previous Caribbean Community Grenada passport* is not required to produce any other document other than the photographs, unless the passport holder's name or status was changed subsequent to the issue of the previous passport.

PHOTOGRAPHS

- Every passport holder must either produce *two (2) photographs* of his or her portrait taken within *six (6) months* of the application or submit to live capture of his or her portrait.
 - Where the passport holder elects to produce photographs:
 - Photographs must be not *more than 2¹/₂in x 2in or less than 2in x 1¹/₂in*.
 - The portrait must be with full face from bottom of chin to top of forehead clearly visible with full facial features, and without headdress unless in keeping with religious customs.
 - Photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.

The recommender is required to endorse the reverse side of one copy of the photographs with the words: "*I certify that this is a true likeness of the passport holder "Mr./Mrs./Miss......*"

and add his or her signature.



(regulations 3 and 4)

CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

Signature of Passport Holder in the middle of the space provided.

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(Leave this space blank if applying for a passport for a person unable to sign.)

1	PERSONAL DATA								
	TITLE:			MARITAL STATUS:					
	□ Mr.				Single				Widowed
				Married				Re-married	
				Divorced				Separated	
	LAST NAME (Family Name):			FIR	FIRST, SECOND, THIRD NAME(S): ORIGINAL NAME (if name changed other than by marriage):				
	MAIDEN NAME (if Married Female):		ORI						
	Date of Birth (dd/mm/yy		Place of Birth	1:		Ag	ge Last Birthday:	Natio	onality:
		Height:		Colo	our of Eyes:		Colour of Hair:	Spec	ial Peculiarities (Visible):
	□ Male□ Female	ft.	ins.						
	Country of Residence: Present Addr		ess:			Permanent Addres	SS:	Telephone:	
									Fax:
	Occupation:								E-mail:
2	IF MARRIED, DIVOR SPOUSE	CE, SEPARA	TED OR WID	OWE	D, INFORM	MA	FION ON SPOU	SE OF	FORMER
	LAST NAME (Family N	lame):	FI	FIRST, SECOND, THIRD NAME(S):			RD NAME(S):		
	MAIDEN NAME (if Female): C		ountry of Birth:		Nationality:				
	Date of Marriage (dd/mr		Place of Mar	riage:			(Эссира	ition:
	Permanent Address:		Mailing A	ddress	:]	Feleph	one:
							I	Fax:	
						I	Email:		
	State whether married m (If more than once, parti			r marr	iages should	l be	given in section 9	on pa	ge 3.)

3	PARTICULARS OF PARENTS							
	FATHER							
	Last Name:	First and Second Name(s):						
	Date of Birth (dd/mm/yy):	Place of Birth:		Professio	on:			
	MOTHER	OTHER						
	Last Name:	First and S	Second Name(s):					
	Date of Birth (dd/mm/yy):	Place of Birth:		Professio	on:			
	MARRIAGE							
	Date of Marriage (dd/mm/yy):	Place of Marriage:		Country	of Marriage:			
4	CITIZENSHIP OF PASSPORT H	IOLDER						
	Citizen of Grenada by:							
	□ Birth	□ Naturaliza			Investment			
	Descent If a citizen of Grenada by birth, atta	Registratio						
	If a citizen of Grenada by descent, and			culars of certificate	e of naturalization, registration or			
	investment and attach a certified co	py thereof.						
	Type of Certificate:	Certificate No.	Date of Issue	(dd/mm/yy):	Place of Issue:			
	If a citizen of Grenada by naturalization, registration or investment, give particulars of certificate naturalization, registration or investment and attach a certified copy of same.				ralization, registration or			
	Type of Document:	Document No.	Date of Issue	(dd/mm/yy):	Place of Issue:			
5	PASSPORT REQUIRED FOR T	RAVELLING TO:						
	PURPOSE OF TRAVEL:							
6	IF PREVIOUS PASSPORT LOS	Γ, STOLEN OR DAMAG	ED					
	Passport No: Full na	me at issue:		Place of Issue:	Date of Issue (dd/mm/yy):			
	Place of loss:	Date of loss (dd/mm/yy):	Has loss b	een reported to the l	Police? (If yes, attach copy of police			
		Date of 1035 (dd/min/yy).	report)		once: (if yes, under copy of ponce			
	How did loss occur?	How did loss occur?						
	What measures were taken at time to	o report loss and to obtain r	ecovery?					

7	CONTACT IN CASE OF EMERGENCY						
	Full Name:	Address:	Telephone:				
			Fax:				
	Relationship:		Email:				
8	IF MINOR OR PERSON WITH MENTAL INCAPACITY, LEGAL GUARDIAN'S CONSENT						
	I (name of legal guardian) the (relationship)						
	of (name of passport holder) hereby						
	give my consent for him or her to hold a j	give my consent for him or her to hold a passport.					
	Signature						
9	(Where legal guardian unable to sign the SUPPLEMENTARY INFORMATION		nitted with the form.)				
10	DECLARATION OF APPLICANT I declare that the information given in the application is correct to the best of my knowledge and belief, and						
	That the passport holder has not lost the status of citizen of Grenada, and						
	Choose one of the following:						
	That the passport holder has not	held or applied for any passport wh	atsoever.				
	That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number						
	\Box That the passport holder has lost	the previous passport.					
	I certify that I have read and understood all the questions set forth in this application and the answers that I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false, incomplete or misleading information may result in delays in the issuance of a passport and can lead to having criminal proceedings taken against me. I understand that a passport is the property of the Government of Grenada and can be recalled at any time.						
			Date:				
	relationship of applicant to passpo						

11	DECLARATION OF RECOMMENDER
	I (name in capitals) a citizen of Grenada/an attorney-at-law declare
	that to the best of my knowledge and belief that declaration with respect to and the description of Mr./Mrs./Miss.
	are true and that I can from my personal knowledge of him/her vouch for
	him/her as a fit and proper person to receive a passport.
	I have known the passport holder [or in the case of a person under 16 years or with a mental incapacity I have known the
	applicant Mr./Mrs./Miss
	This 20 Signature:
	Profession: Address:
	Telephone No: E-mail:
FO	R OFFICIAL USE ONLY

DOCUENTS PRODU	CED TO BE NOTED:			
Passport Holder's Birth Certificate	Previous Passport	Parent(s) Birth Certificate	Marriage Certificate	Affidavit
Divorcee Certificate	Certificate of Registration, Naturalization or Investment	Letter of Consent	Deed Poll	Photos
OTHER DOCUMEN	TS			
PLACE WHERE API	PLICATION WAS RECI	EIVED:		
St. George's, Grenville		v York, Washington, Londo	on, Canada, Venezuela, Trini	idad, Other (specify
Receipt No.			<u>Amount</u>	of Fees Paid

Receipt No		<u>Amount of Fees Paid</u> Passport:
Received by	Date	Express
Checked & Approved by	Date	Service:
Supervised by	Date	Urgent
Passport No		Service:
Date Issued		
Date Expired		Total:
Authority Signature		
DISTRIBUTION		
Delivered to		
Delivered by	Date	