



CONSULATE GENERAL OF GRENADA

APPLICATION REQUIREMENTS FOR CHANGE OF NAME ON VALID CARIBBEAN COMMUNITY GRENADA ePASSPORT

- 1 **Please read and follow instructions on the first page of application form.** IF MAILING YOUR APPLICATION, PLEASE USE AN EXPRESS SERVICE THAT CAN BE TRACKED.
- 2 Applicant **MUST sign** the form in the space provided above **Section 1** and in **Section 10**.
- 3 Applications **MUST** be handwritten, using a **BLUE** or **BLACK** ink and in **BLOCK CAPITAL** letters.
- 4 Applicant **MUST** complete Sections **1, 3, 4, 5, 6, 7, 10 & 11** and **if applicable** Sections **2, 8, and 9**.
- 5 Applicants who are married, divorced, or separated **MUST** also complete **Section 2**.
- 6 Applicants born outside of Grenada **MUST** also complete **Section 4**.
- 7 **Section 11: – Recommender, CANNOT** be a **relative** (*direct or in-law*) of the applicant and **MUST** also endorse the reverse side of **ONE** of applicant’s photos as indicated in the instructions on the first page of the application. See **RECOMMENDER** and **PHOTOGRAPHS** sections of Passport Application Instructions for details (“***I certify that this is a true likeness of the holder Mr./Mrs./Miss***”). Should you not live near a Grenadian who can be your Recommender, please have an Attorney or a Notary Public completed Section 11 minus the second paragraph (*concerning the amount of time they have known you*). Have them draw a line through **Grenada** and put their country of citizenship and if it is a Notary Public completing the section, have them draw a line through **an attorney-at-law** and input **Notary Public**.
- 8 Two passport size pictures no more than **six (6)** months old **MUST** be submitted with application. The **Recommender in Section 11 MUST** endorse the reverse side of one of the pictures. See **Item 7** above for details.
- 9 **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.
- 10 Children **under** the age of 16 years **MUST** have written consent of parent/legal guardian when applying for a passport.
- 11 Applicants *if married*, **MUST** supply their ORIGINAL Marriage Certificate. If *divorced*, please supply **ORIGINAL** Divorce Decree. **All documents will be returned with new passport.**
- 12 Applicant **MUST** submit with their application:
 - i. **YOUR ORIGINAL** Birth Certificate (*if not supplied previously*), and
 - ii. **YOUR ORIGINAL** Marriage Certificate, Divorce Decree, Adoption Certificate or Deed Poll (*if applicable*), and
 - iii. Coloured copy of your **Driver’s License**, and
 - iv. Certificate of Naturalization or Registration (*if applicable*), and
 - v. **Must** surrender current passport with application.

Fee Schedule Updated 1st November 2019

PLEASE READ ALL INSTRUCTIONS ON APPLICATION FORM FOR FURTHER DETAILS

CARIBBEAN COMMUNITY GRENADA PASSPORT FEE SCHEDULE <i>within the USA</i>	
ITEM	FEE
New Caribbean Community Grenada ePassport (36 pages)	US\$250.00
Express Service Fee (<i>returns with seven business days</i>)	US\$50.00
Urgent Service Fee (<i>returns with five business days</i>)	US\$100.00

RETURN POSTAGE AND HANDLING FEES <i>if you live within mainland USA</i>	
Overnight Express Mail	US\$ 45.00
RETURN POSTAGE AND HANDLING FEES <i>if you live outside mainland USA</i>	
International Express Mail	US\$ 75.00
<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 unnecessary delays in processing and obtaining your Passport.

MAIL TO:

CONSULATE GENERAL OF GRENADA

11900 Biscayne Boulevard, Suite 740 • North Miami, FL 33181-2733
Tel. (305) 570-2716 • Fax. (305) 397-2441

Email: GrenadaConsulateMiami@gmail.com • Website: <https://www.GrenadaConsulateMiami.com>



PART B

(regulations 3 and 4)

CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

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

Signature area with 'X' in the center and corner brackets.

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

Form sections: 1 PERSONAL DATA (Title, Marital Status, Name, Birth, Sex, Height, Eyes, Hair, Address, Occupation); 2 IF MARRIED, DIVORCE, SEPARATED OR WIDOWED, INFORMATION ON SPOUSE OR FORMER SPOUSE (Name, Birth, Marriage, Address, Contact Info, Previous Marriages).

3	PARTICULARS OF PARENTS			
	FATHER			
	Last Name:		First and Second Name(s):	
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:	
	MOTHER			
	Last Name:		First and Second Name(s):	
	Date of Birth (dd/mm/yy):	Place of Birth:	Profession:	
MARRIAGE				
Date of Marriage (dd/mm/yy):	Place of Marriage:	Country of Marriage:		
4	CITIZENSHIP OF PASSPORT HOLDER			
	Citizen of Grenada by:			
	<input type="checkbox"/> Birth	<input type="checkbox"/> Naturalization	<input type="checkbox"/> Investment	
	<input type="checkbox"/> Descent	<input type="checkbox"/> Registration		
	<i>If a citizen of Grenada by birth, attach birth certificate of passport holder.</i>			
	<i>If a citizen of Grenada by descent, attach birth certificate of parent(s), or give particulars of certificate of naturalization, registration or investment and attach a certified copy thereof.</i>			
	Type of Certificate:	Certificate No.	Date of Issue (dd/mm/yy):	Place of Issue:
<i>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.</i>				
Type of Document:	Document No.	Date of Issue (dd/mm/yy):	Place of Issue:	
5	PASSPORT REQUIRED FOR TRAVELLING TO:			
	PURPOSE OF TRAVEL:			
6	IF PREVIOUS PASSPORT LOST, STOLEN OR DAMAGED			
	Passport No:	Full name at issue:	Place of Issue:	Date of Issue (dd/mm/yy):
	Place of loss:	Date of loss (dd/mm/yy):	Has loss been reported to the Police? <i>(If yes, attach copy of police report)</i>	
	How did loss occur?			
	What measures were taken at time to report loss and to obtain recovery?			

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		
<p>I (name of legal guardian) the (relationship) of (name of passport holder) hereby give my consent for him or her to hold a passport.</p> <p>Signature</p> <p><i>(Where legal guardian unable to sign the form, a consent letter may be submitted with the form.)</i></p>			
9	SUPPLEMENTARY INFORMATION		
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
10	DECLARATION OF APPLICANT		
<p><input type="checkbox"/> I declare that the information given in the application is correct to the best of my knowledge and belief, and</p> <p><input type="checkbox"/> That the passport holder has not lost the status of citizen of Grenada, and</p> <p><i>Choose one of the following:</i></p> <p><input type="checkbox"/> That the passport holder has not held or applied for any passport whatsoever.</p> <p><input type="checkbox"/> That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number which is now attached and that I have made no other application for a passport since the passport or travel document was issued to me.</p> <p><input type="checkbox"/> That the passport holder has lost the previous passport.</p> <p>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.</p> <p>Signature: Date:</p> <p>Relationship of applicant to passport holder:</p>			

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.] for years.

This day of 20..... Signature:

Profession: Address:

Telephone No: E-mail:

FOR OFFICIAL USE ONLY

DOCUMENTS PRODUCED 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 DOCUMENTS

PLACE WHERE APPLICATION WAS RECEIVED:

St. George's, Grenville, Carriacou, Gouyave, New York, Washington, London, Canada, Venezuela, Trinidad, Other (specify)

Receipt No.

Received by Date

Checked & Approved by Date

Supervised by Date

Passport No.

Date Issued

Date Expired

Authority Signature

<u>Amount of Fees Paid</u>
Passport:
Express Service:
Urgent Service:
Total:

DISTRIBUTION

Delivered to Date

Delivered by Date