

### **CONSULATE GENERAL OF GRENADA**

# APPLICATION REQUIREMENTS FOR CHANGE OF NAME ON VALID CARIBBEAN COMMUNITY GRENADA MACHINE READABLE EPASSPORT

- 1. <u>Please also read and follow instruction on the first page of application form.</u> IF MAILING YOURE APPLICATION, <u>PLEASE USE AN EXPRESS SERVICE THAT CAN BE TRACKED.</u>
- 2. Applicant **must sign** the form in the space provided above **Section 1** and in **Section 10**.
- 3. Applications must be completed using BLUE or BLACK ink and in BLOCK CAPITAL letters.
- 4. Applicant must complete Sections 1, 3, 4, 5, 7, 10 & 11 and if applicable Sections 2, 8 & 9.
- 5. Applicants who are married, divorced, 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 the applicant's photos as indicated in the instructions on the first page of the application. See **RECOMMENDER** and **PHOTOGRAPHS sections** of the Passport Application Instructions for details ("I certify that this is a true likeness of the passport holder Mr./Mrs./Ms./Miss ......."). Should you not live near a Grenadian who can be your Recommender, please have an Attorney or Notary Public complete Section 11 minus the second paragraph (concerning the amount of time they have know 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 **attorney-at-law** and input **Notary Public**.
- 8. Two passport size photos no more than six (6) months old **must** be submitted with the application. The **Recommender** in section 11 **must** endorse the reverse side of one of the photos. See **item 8** 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 or ears.
  - 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 return with the new passport**.
- 12. Applicant **must** submit the following with their application:
  - i. Completed application, and
  - ii. **Original** birth certificate, and
  - iii. **Original** marriage certificate or divorce decree (*if applicable*), and
  - iv. Coloured copy of your **Driver's License/Non-Driver's Identification** (if applicable), and
  - v. Coloured copy of your **Foreign Passport** (*if applicable*), and
  - vi. Certificate of Naturalisation or Registration (if applicable), and
  - vii. **Must** surrender current passport with application, and
  - viii. Two (2) passport photos; 1 endorsed by the Recommender, and
  - ix. In the case of a child under 18 years, letter of consent from spouse not completing application, and
  - x. Money orders for application process (\$250 for application and \$45 courier fee if on USA mainland and \$75 outside USA mainland).

### Fee Schedule Updated 1st November 2019

#### PLEASE READ ALL INSTRUCTIONS ON APPLICATION FORM AND PRECEDING FOR FURTHER DETAILS

Caribbean Community Grenada Passport  Fee Schedule within the USA			
Item	Fees		
New Caribbean Community Grenada ePassport (36 pages)	US\$250		
Express Service Fee (returns in approximately seven business days)	US\$50		

Return Postage and Handling Fees if you live within mainland USA			
Overnight Express Mail (FedEx) US\$45			
Return Postage and Handling Fees if you live outside mainland USA			
International Express Mail (FedEx)	US\$75		

# NO PERSONAL OR COMPANY CHEQUES ARE ACCEPTED CASH ACCEPTED IN PERSON ONLY

CERTIFIED CHEQUES AND MONEY ORDERS (PAYABLE TO EMBASSY OF GRENADA)

PASSPORT APPLICATION FEES AND COURIER FEES <u>MUST</u> BE <u>SEPARATE</u> MONEY ORDERS OR ENTIRE APPLICATION WILL BE RETURNED.

Failure to follow all the preceding instructions 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 2½in x 2in or less than 2in x 1½in.
  - 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.



T B (regulations 3 and 4)

### CARIBBEAN COMMUNITY GRENADA PASSPORT APPLICATION FORM

Signature of Passport Holder in the middle of the space provided.  $\begin{tabular}{ll} $\Gamma$ & & & & & \\ $X$ & & & \\ $L$ & & & \\ $L$ & & & \\ $J$ & & \\ $L$ & & & \\ $J$ & & \\ $L$ & & \\ $M$ & & \\ $M$$ 

 ΓΙΤLE:			MARITAL STA	LIIS.			
∏ Mr.						Widowed	
□ Mrs.			☐ Single ☐ Married			Re-married	
□ Miss			□ Divorced		☐ Separated		
☐ Other (specify:		)				~ · · · · · · · · ·	
LAST NAME (Family Name):			FIRST, SECOND, THIRD NAME(S):				
MAIDEN NAME (if Ma	arried Femal	e):	ORIGINAL NAME (if name changed other than by marriage):				
Date of Birth (dd/mm/yy): Place of		Place of Birth:	rth: Age Last Birthday:		Nationality:		
//	•••••						
Sex:	Height:	1	Colour of Eyes:	Colour of Hair:	Spe	cial Peculiarities (Visible):	
☐ Male ft		ft ins.					
		Present Addres	Address: Permanent Add		s:	Telephone:	
						Fax:	
Occupation:		†				E-mail:	
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SPOUSE	CE, SEI AI	RATED OR WIL	OWED, INFORM	IATION ON STOU	SE OI	RTORMER	
LAST NAME (Family N	Name).	F	IRST, SECOND, THIRD NAME(S):				
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MAIDEN NAME (if Fe	male):		Country of Birth:		Nationality:		
					•		
Data - CM (11)	/	D1 03.6			Occupation:		
Date of Marriage (dd/mi	m/yy):	Place of Marria	ige:	[ '	occup	ation:	
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Permanent Address:		Mailing A	ddress:	1	Teleph	one:	
				]		Fax:	
					Email:		
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3 PARTICULARS OF PARENTS								
	FATHER							
	Last Name:	First and	First and Second Name(s):					
	Date of Birth (dd/mm/yy):	Place of Birth:		Profession	Profession:			
	MOTHER							
	Last Name:	Eirat and	Sacand Nama(a):					
	Last Name.	riist and	First and Second Name(s):					
•	Date of Birth (dd/mm/yy):	Place of Birth:		Profession	Profession:			
	MARRIAGE							
	Date of Marriage (dd/mm/yy):	Place of Marriage:		Country	Country of Marriage:			
4	CITIZENSHIP OF PASSPORT HO	CITIZENSHIP OF PASSPORT HOLDER						
	Citizen of Grenada by:							
	□ Birth	☐ Naturaliz	ation	П	Investment			
	☐ Descent	☐ Registrati						
	If a citizen of Grenada by birth, attach birth certificate of passport holder.							
	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.							
	Type of Certificate:	Certificate No.	te No. Date of Issue (dd/mm/		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.							
	Type of Document:	Document No.	nt No. Date of Issue (dd/mm/y		Place of Issue:			
5	PASSPORT REQUIRED FOR TRAVELLING TO:							
	PURPOSE OF TRAVEL:							
	TE DDELIKOVA DA CODODE A OCE	CTOLEN OD DANK	(DD					
6	IF PREVIOUS PASSPORT LOST, STOLEN OR DAMAGED							
	Passport No: Full nam	e at issue:		Place of Issue:	Date of Issue (dd/mm/yy):			
	Place of loss:	Date of loss (dd/mm/yy):	dd/mm/yy): Has loss been report		orted to the Police? (If yes, attach copy of police			
	How did loss occur?							
	What measures were taken at time to report loss and to obtain recovery?							

CON	TACT IN CASE OF EMERGENCY	Y				
Full 1	Name:	Address:	Telephone:			
			Fax:			
Relat	tionship:	1	Email:			
3 IF M	IINOR OR PERSON WITH MENT	<u>l</u> AL INCAPACITY, LEGAL GUARDIAN'S CO	I DNSENT			
`	I (name of legal guardian) the (relationsh					
		of (name of passport holder)	hereby			
give	my consent for him or her to hold a pa	ssport.				
Signa	ature					
	ere legal guardian unable to sign the for PLEMENTARY INFORMATION	orm, a consent letter may be submitted with the for	т.)			
SUP	PLEMENTARY INFORMATION					
DEC	CLARATION 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					
Choo	Choose one of the following:					
	☐ That the passport holder has not held or applied for any passport whatsoever.					
	That all previous Grenadian pass	sports granted to me have been surrendered other	er than passport or travel document number			
		attached and that I have made no other application				
	That the passport holder has lost th	ne previous passport.				
I cert		the questions set forth in this application and the	answers that I have furnished on this form are			
true a	and correct to the best of my knowled	lge and belief. I understand that any false, incomplead to having criminal proceedings taken against	plete or misleading information may result in			
	e Government of Grenada and can be r		me. I understand that a passport is the property			
Sign	ature:	Date	e:			
Rela	tionshin of applicant to passport	t holder:				

11	DECLARATION	N OF RECOMMENDER						
	I (name in capitals)							
		•	belief that declaration with	•	•			
			are true and that I	can from my personal know	rledge of him/her vouch for			
	him/her as a fit an	d proper person to receive	a passport.					
	I have known the	nassnort holder for in the	e case of a person under 16	vears or with a mental in	canacity I have known the			
				•	cupacity I have known the			
	11			,				
	This day	of	20 Signature:					
	Profession:		Address:					
	Talanhana Na:		E-mail:					
	Telephone No		Е-шап					
FO	R OFFICIAL USE	ONLY						
DO	CUMENTS PROD	OUCED TO BE NOTED:						
	port Holder's	Previous Passport	Parent(s) Birth	Marriage Certificate	Affidavit			
Birt	h Certificate		Certificate					
Div	vorcee Certificate	Certificate of	Letter of Consent	Deed Poll	Photos			
		Registration,						
		Naturalization or Investment						
OT	HER DOCUMEN	ΓS						
PLA	CE WHERE API	PLICATION WAS RECI	EIVED:					
St. 0	George's, Grenville	, Carriacou, Gouyave, Nev	v York, Washington, Londo	n, Canada, Venezuela, Trin	idad, Other (specify			
		)						
				Amount	of Fees Paid			
Rec	Receipt No. Passport:							
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Received by Date								
Checked & Approved by Date								
Supervised by Date			Date	Urgent Service:				
Pass	sport No			Service.				
Date	Date Issued							
Date	Date Expired							
Authority Signature								
DIS	DISTRIBUTION							
			Date .					
Deli	vered by		Date					