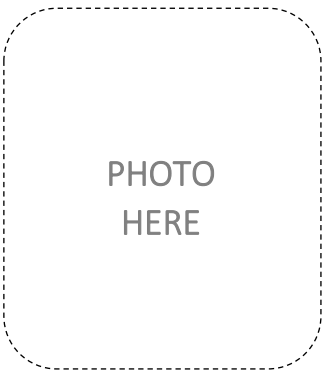


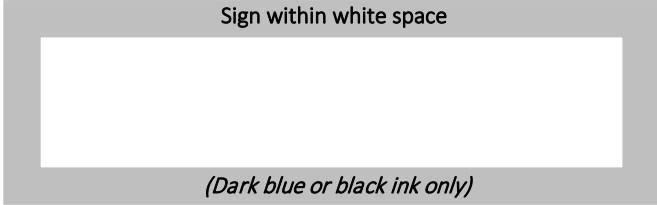


COMMONWEALTH OF DOMINICA

Application for ePassport or Seafarers' Identity Document (SID)



SIGNATURE BOX



IMPORTANT:

- Section 2 is for **Submitters** (not the Applicant).
- Section 6 is for **Diplomatic/Official Applicants**.
- Section 12 is for **Recommenders** (not the Applicant).

DO NOT SUBMIT INSTRUCTIONS WITH YOUR APPLICATION!

1) APPLICATION DETAILS

Document Type:	ePassport Seafarers' Identity Document (SID)	ePassport Type: FOR OFFICE USE ONLY	Regular	Diplomatic	Official
Application Reason:	New (first-time) Renewal Replacement (lost stolen damaged name change)	Processing Time: FOR OFFICE USE ONLY	Regular		
Submitted by:	Applicant Proxy Agent Ministry of Foreign Affairs				

2) SUBMITTER (not the Applicant)

Submitter Surname:	Submitter Given Name(s):	Signature
ID Type:	ID No.:	Date (DD-MM-YYYY)

3) PERSONAL INFORMATION

Surname:	Maiden Surname:	Given Name(s):
Title: Mr. Mrs. Miss Ms. Other: _____	Date of Birth: (DD-MM-YYYY)	Original name/Aliases/Nicknames:
Sex: M F	City of Birth:	Country of Birth:
Eye Colour:	Hair Colour:	Height: (feet) (inches)
Visible identification marks (in detail):		
Profession/Occupation/Designation:		

4) CONTACT INFORMATION

Dominica Phone No.:	Overseas Phone No.:
Email:	
CURRENT ADDRESS	PERMANENT ADDRESS <small>Same as current address</small>
Street/Village:	Street/Village:
P.O. Box:	P.O. Box:
City:	City:
State/Parish/Region:	State/Parish/Region:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:



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5) CITIZENSHIP					
Citizenship:	Birth	Descent	Adoption	Registration	Naturalization
Citizenship by Investment (CBI):	Document No.:		Issue Place:	Registration Date: (DD-MM-YYYY)	
Yes	No				
Consulate of Citizenship by 'Registration':					
6) NATIONALITY <i>(only for Diplomatic/Official Applicants)</i>					
Nationality:					
Document Type:	Document No.:	Issue Place:	Document Issue Date: (DD-MM-YYYY)	Document Expiry Date: (DD-MM-YYYY)	
7) SPOUSE DETAILS					
Marital Status:	Single	Married	Divorced	Widow(ed)	
Spouse's Surname:		Spouse's Given Name(s):		Marriage Place:	Marriage Date: (DD-MM-YYYY)
8) EMERGENCY CONTACT PERSON					
Contact Surname:			Contact Given Name(s):		
Address:					
Email:				Phone No.:	
9) APPLICANTS BORN ABROAD – PARENT/LEGAL GUARDIAN INFORMATION					
Father	Mother	Parent/Legal Guardian Surname:	Parent/Legal Guardian Given Name(s):	Date of Birth: (DD-MM-YYYY)	
Legal Guardian					
Parent/Legal Guardian Citizenship:	Birth	Descent	Adoption	Registration	Naturalization
Country of Birth:	Document No.:		Issue Place:	Registration Date: (DD-MM-YYYY)	
Consulate of Citizenship by 'Registration':					
10) LOST, STOLEN, or DAMAGED ePASSPORT/SID <i>(only if applicable)</i>					
Passport/SID No.: <i>(if known)</i>	Date of Loss: (DD-MM-YYYY)	Place of Loss:	Country of Loss:		
Police Station/Dominican High Commission/Consulate/Immigration Office:		Case Report No.:	Report Date: (DD-MM-YYYY)		
Comments:					
I certify that the above particulars are correct and undertake in the event of the passport (or SID) coming again into my possession to return it to the Passport Office.			Signature		Date (DD-MM-YYYY)



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11) DECLARATION

Parent/Legal Guardian of a minor (child younger than 16 years of age) or incapacitated person:

This is to certify that I am the Parent or Legal Guardian of the child or incapacitated person. I hereby apply for and authorize the Passport and Immigration Department to issue him/her a passport of the Commonwealth of Dominica.

Relationship to Child or Incapacitated Person:	Father	Mother	Legal Guardian
Parent/Legal Guardian Surname:	Parent/Legal Guardian Given Name(s):		
			Signature
ID Type:	ID No.:		
			Date (DD-MM-YYYY)

I, the Applicant certifies that *(check all that apply)*:

NOTE: If you have had a passport that has been lost or stolen, do not check box **E**, and ensure to complete **Section 10** of this form.

A – I the undersigned hereby apply for the issue of a passport to the child or incapacitated person.

B – I the undersigned hereby apply for the issue of a passport to myself as the Applicant.

C – I have (or the child or incapacitated person has) not lost that status of Citizen of the Commonwealth of Dominica.

D – I have (or the child or incapacitated person has) not previously held or applied for a passport whatsoever.

E – All previous passports granted to me (or the child or incapacitated person) have been surrendered, other than passport or travel document no.: _____, which is now attached, and that I have made no other application for a passport since the attached passport or travel document was issued to me.

F – I declare that the information provided in this application is correct to the best of my knowledge and belief.

Signature	Date (DD-MM-YYYY)
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12) RECOMMENDER *(not the Applicant)*

Recommender Surname:	Recommender Given Name(s):	
Address:		
Phone No.:	Email:	
Profession:	Years have known the Applicant :	
I declare that to the best of my personal knowledge and belief, the above made declarations and description of the said Mr./Mrs./Miss/Ms. are true, and that I can from my personal knowledge of him/her vouch him/her as a fit and proper person to receive a passport. I am a citizen of the Commonwealth of Dominica.		
Signature	Date (DD-MM-YYYY)	Office Stamp

13) SUPPLEMENTAL INFORMATION

Comments:
