For Official Use	
Application Number	

Applicant's name (Complete form in ink and capital letters, if handwritten)	
Given names:	Farm I
Surname:	Form L
IMPORTANT: Read all instructions carefully before completing the form. If you do not complete all of the sections as indicated, your application is likely to be refused.	

Application for Antigua and Barbuda Passport for applicants 16 and over

Do NOT use this form if you are under 16- use Form M. Write all dates using the format day/month/year

write an dates using the format day, monthly ear		
To be completed by all applicants		
Tick box(es) as appropriate □		
Your details		
Surname:		
Given names:		
Marital Status: Single □ Married □ Divorced □ Widowed □ Separated □		
Permanent address:		
Date of birth: Age last birthday		
Height (ft): Sex: Male □ Female □		
Place of birth:		
Distinguishing marks (if any):		
Type of application See Note 1 and 2		
Standard □ Emergency □		
Number of pages required: 32 □ 64 □		

Reason for passport appl	ication
1- New (First Time) issue	
2- Reissue of Expired passport	
3- Reissue of full passport	
4- Reissue of lost/stolen passport	
5- Reissue of damaged passport	
6- Reissue due to name change	
7- Reason for name change: Ma	rriage □ Adoption □
	Deed-pole □
8- Other (please specify below)	
Comments:	
Comments:	
<i></i>	oy: birth □ descent □ ation □
National status Citizen of Antigua and Barbuda be naturalisation □ registration. If by naturalisation or registration.	oy: birth □ descent □ ation □

Were you born abroad? Yes □ No □			
If yes, see Note 4 and then complete this section. If no go to section 6			
Father's details			
His full name:His place and country of birth:			
His date of birth:			
Mother's details			
Her full name:Her place and country of birth:			
Her date of birth:			
Grandparent's details			
His/her full name:His/her place and country of birth:			
His/her date of birth			
If father, mother or grandparent is a citizen of Antigua and Barbuda by naturalisation or registration			
Number of his/her document:			
Place and date of issue:			
If applicant's birth was registered at a Consulate of Antigua and Barbuda state: Name of Consulate:			
Number of registration certificate:			
Date:			
Supporting documents produced. See Note 4			
Birth certificate □			
Marriage certificate □			
Baptismal certificate			
Other (please specify)			

	Previous passport See Note 5		
Is the pre	evious passport attached?		
Yes □ No □ If yes, previous passport number If no go to section 8			
	Give details of previous passport which has been lost or is not available. See Note 6		
Number: on (date)	issued at		
Your nar	me at the time of issue:		
Circumstances in which passport was lost or why it is not available:			
Place and date of loss:			
Has loss been reported to the police?			
Certification See Note 7			
I certify that the applicant has been known personally to me for (state period) and this is the true photograph of the applicant. Full name in block capitals Occupation Address			
Signatu	are and Date		
	Official Stamp (if any)		

Parent's consent. See Note 3 I (name) of (name)	Supplementary Information		
give my consent for him/her to hold a passport. Signature			
Declaration To be signed by all applicants			
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 section of 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. Sign in box Date: Date:			
IMPORTANT - KEEP WITHIN BOX. Failure to comply with this instruction will invalidate the application	FOR OFFICAL USE ONLY Amount of Fee paid		