



# BELIZE PASSPORT APPLICATION

Please read the instructions overleaf before completing form.

## Section 1.

Surname/Family name		First & middle names		
Date of birth (day/month/year) / /		Place of birth (city & country)		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> ; Married <input type="checkbox"/> ; Divorced <input type="checkbox"/> ; Widowed <input type="checkbox"/>	Maiden name (Of married women)		
Has name been changed (other than by marriage; e.g., deed poll)? If so, state original name.				
Home address		If home address is not in Belize, address whilst in Belize		
Phone no. —		Phone no. —		
Occupation	Residence (country)	Height feet      inches	Colour of eyes	
Colour of hair	Distinguishing marks/ Special peculiarities			

## Section 2. Married women (including divorcees and widows) are to complete this section.

Full name of husband		Husband's nationality	Husband's date of birth
Husband's place of birth		Place of marriage	Date of marriage

## Section 3. Citizens of Belize by naturalization are to complete this section.

Number of nationality document	Date of issue of document	Place of issue of document
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## Section 4. Declaration (Please tick all those that apply.)

I, the undersigned, hereby apply for the issue of a Belize passport. I declare that:

(A) The information given here is correct to the best of my knowledge and belief;

(B) I have not lost the status of citizen of Belize;

From the below, please choose that which is applicable.

(C) I have not previously held or applied for a Belize Passport;

(D) Attached is passport number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year). I have not made another application for a Belize passport since it was issued and I have surrendered all previous passports;

(E) Unavailable for presentation is passport number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year). I have attached a statutory declaration attesting to its' loss, destruction or being stolen.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/ month/ year)

## Section 5. Recommender

I, (Mr., Mrs., Miss) \_\_\_\_\_ certify that I have known the applicant personally  
(Name in print of recommender)

for at least one year [my knowledge of applicant is for \_\_\_\_\_] and that to the best of my knowledge and belief, the statements made above are true and correct.  
Number of years

Signature \_\_\_\_\_ Date \_\_\_\_\_

Profession \_\_\_\_\_ Address \_\_\_\_\_