

BELIZE PASSPORT APPLICATION

FOR THE EXTENSION OF A MACHINE READABLE PASSPORT (MRP)

This form is to be use ONLY if you wish to apply for an Extension of your machine readable passport. Entries on the Form should be printed clearly in ink (Blue/Black).

TO BE COMPLETED BY ALL APPLICANTS(in block capital)

Section 1.

Passport No. _____ Issued at _____ Issue Date _____

Name at present appearing on Passport:

Mr./Mrs./Miss First & Middle Name _____ Surname _____

Maiden Name (if applicable) _____

Place of Birth _____ Date of Birth _____

Present Address _____ Telephone No. _____

DECLARATION AND CONSENT (FOR BELOW 16 YEARS)

Section 2.

I declare that:

(a) information given in this application is true and correct

To be completed by Parent/Legal Guardian of Passport holders below 16 years:

(b) I, _____, holder of Identification No. _____, being the

(Print full name of Parent/Guardian)

Parent/Legal Guardian of _____; do solemnly and sincerely declare that above stated
(Print full name of Child)

particulars are correct to the best of my knowledge and belief and I consent to the Application of the
Passport Extension.

Signature of Parent/Legal Guardian: _____ Date: _____

TO BE COMPLETED BY ALL APPLICANTS (16 YEARS AND OVER)

Section 3.

I declare that above stated particulars are correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Section 4.

Reference No. _____

Date: _____

Print Operator (Signature): _____

Quality Assurance(Signature): _____

Passport Delivered by (Signature): _____

Print Name: _____

Date: _____

Passport Received by (Signature): _____

Print Name: _____

Date: _____

Photo

Requirements:

Extension Application Form

One (1) 1" x 1.25" white background passport size photographs

Current Machine Readable Passport