

BELIZE

Application for Passport



SIGNATURE BOX

Sign within white space only

(Use dark blue or black ink)

PHOTO
BOX
(for office use only)

Passport Type	Base Fee (New or Renewal)		Renewal or Replacement Reason	Priority Level (BELMOPAN only)		
	Adult	Child		Expedited (24 hour)	Urgent Medical Adult	Child
Regular	\$50	\$30	\$35	\$200	\$50	\$30
Temporary	\$30	\$30	-	-	-	-

DO NOT SUBMIT
INSTRUCTIONS WITH
YOUR APPLICATION!

IMPORTANT:

- Fees are in Belize dollars (BZD) and are cumulative.
- Visit the Immigration website www.immigration.gov.bz/passport for complete information.
- Section 7 is for **Recommenders** (not the Applicant)

APPLICATION DETAILS *(for office use only)*

Document Type:	ePassport Passport (Temporary)	ePassport Type:	Regular Diplomatic Official	Processing Time:	Standard 24 hour Urgent
Application Reason:	New (first-time) Renewal Replacement (lost stolen damaged name change)				
Submitted by:	Applicant Parent/Legal Guardian Authorized Person				
Application Location:					
Pickup Location:					

1) PERSONAL INFORMATION

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

2) CONTACT INFORMATION

Local Phone No.:	International Phone No.:		
Email:			
PERMANENT ADDRESS		CURRENT ADDRESS <i>Same as permanent address</i>	
Street/Village:		Street/Village:	
P.O. Box:		P.O. Box:	
City:		City:	
District/State:		District/State:	
Zip/Postal Code:		Zip/Postal Code:	
Country:		Country:	

3) CITIZENSHIP

Citizenship acquired by?	Birth	Descent	Adoption	Registration
Certificate No. refers to: (Birth, Descent, Adoption, Registration)	Place of Issue:		Date of Issue: (DD-MM-YYYY)	

4) SPOUSE DETAILS *(for name change, please provide most recent relationship information)*

Marital Status:	Single	Married	Divorced	Widow(er)
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Spouse's Surname:	Spouse's Given Name(s):	Place of Marriage:	Date of Marriage: (DD-MM-YYYY)
Spouse's Date of Birth: (DD-MM-YYYY)	Spouse's Nationality:	Spouse's Place of Birth:	

5) LOST OR STOLEN PASSPORT (if applicable)

Passport No.: (if known)	Date of Loss: (DD-MM-YYYY)	Place of Loss:	Country of Loss:
Police Station/Belize 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 coming again into my possession to return it to the Belize Passport Office or to a Belize High Commission/Consulate.

Signature

Date (DD-MM-YYYY)

6) DECLARATION

Parent/Legal Guardian of a child under 16 years of age:

This is to certify that I am the Parent or Legal Guardian of the child. I hereby give my consent to the Belize Passport Office to issue him/her a passport.

Relationship to Child:	Father	Mother	Legal Guardian	Date of Birth: (DD-MM-YYYY)
Marital Status:	Single	Married	Divorced	Widow(er)
Place of Birth:	Nationality:			
Parent/Legal Guardian Surname:	Parent/Legal Guardian Given Name(s):		Signature	
ID Type:	ID No.:	Date (DD-MM-YYYY)		

I, the undersigned Applicant hereby apply for the issue of a Belize passport, I declare that (check all that apply):

NOTE: If you have had a passport that has been lost or stolen, do not check boxes **C** and **D**, and ensure to complete **Section 5** of this form.

A – The information provided in this application is correct to the best of my knowledge and belief.

B – I have not lost the status of Citizen of Belize.

C – I have not previously held or applied for a Belize passport.

D – Attached is passport no.: _____ issued at _____ on DD-MM-YYYY . I have not made another application for Belize passport since it was issued and I have surrendered all previous Belize passports.

E – Unavailable for presentation, passport no.: _____ issued at _____ on DD-MM-YYYY . I have attached a Statutory Declaration attesting to its loss, destruction or being stolen.

Signature

Date (DD-MM-YYYY)

7) RECOMMENDER (not required for ePassport renewal)

Recommender Surname:	Recommender Given Name(s):
Address:	
Phone No.:	Email:
Profession:	Years have known the Applicant:
Passport No.:	Date of Expiry (DD-MM-YYYY):

I hereby declare and certify that I have been personally acquainted with the Applicant/child for the years specified above, and that the Parent/Legal Guardian identified above is in fact the Parent/Legal Guardian of the child (if applicable); and that the information provided in his/her Belize passport application, with respect to identity, is true and correct to the best of my knowledge, information, and belief. I understand that it is an offence under Section 3(e) and (h) of the Passport Act, Chapter 164 of the laws of Belize, to make any false representation with respect to the information requested by this form.

Signature

Date (DD-MM-YYYY)

8) SUPPLEMENTAL INFORMATION

Comments: