

# 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	Lost or Stolen	Expedited (24 hour)	Urgent Medical	
					Adult	Child
Regular	\$50	\$30	\$35	\$200	\$50	\$30
Temporary	\$30	\$30	-	-	-	-

DO NOT SUBMIT INSTRUCTIONS WITH YOUR APPLICATION.

Fees vary for Missions abroad.

No rapid service available at Missions abroad.

**IMPORTANT:**

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

APPLICATION DETAILS (for office use only)

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

1) PERSONAL INFORMATION

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

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### 2) CONTACT INFORMATION

Local Phone No.:		International Phone No.:	
Email:			
PERMANENT ADDRESS		CURRENT ADDRESS <input type="checkbox"/> Same as permanent address	
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?	<input type="radio"/> Birth	<input type="radio"/> Descent	<input type="radio"/> Adoption	<input type="radio"/> 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:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Divorced	<input type="radio"/> Widow(er)
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:	<input type="radio"/> Father	<input type="radio"/> Mother	<input type="radio"/> Legal Guardian
	Date of Birth: (DD-MM-YYYY)		
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Divorced
	<input type="radio"/> 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)	

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### 6) DECLARATION (continued)

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: