



TELEPHONE (202) 265-2561  
FAX. (202) 265-2468

EMBASSY OF GRENADA

1701 NEW HAMPSHIRE AVE., N.W.  
WASHINGTON, D.C. 20009

## EMERGENCY TRAVEL DOCUMENT INSTRUCTIONS

Dear Applicant,

**The Embassy of Grenada strongly advises that you apply for your passport at the same time as the Emergency Travel Document since you will not be able to re-enter the United States without a passport.**

The following documentation is required for processing an **Emergency Travel Document**:

1. Written **notarized** statement relating the nature of the emergency.
2. Obtain and complete an official Grenada Passport Application Form. Please complete form in **BLUE** or **BLACK** ink.  
(<http://www.grenadaembassyusa.org/consular-services/consular-nationals/>)
3. Two passport size photos (**no more than 3 months old**), one must be certified by the **RECOMMENDER** who signed **Section 12** of the application form.
4. Expired passport.
5. In case of a lost passport, an Affidavit Form and Police Report must accompany the application.
6. Original Birth Certificate.
7. **Confirmed** Travel Itinerary outlining the date and means of travel. The Emergency Travel Document will be valid only for the specified period of travel.
8. **Notarized** copy of valid evidence of permission to re-enter the United States of America (*Alien Registration Card, valid visa, or re-entry permit*). If applying in person, please bring the original.
9. Emergency Travel Document Fee of **US\$45.00** (*money order or certified check*).
10. It is advised that Emergency Travel Document Applicants renew their passports at the same time, if you have not already done so.  
(<http://www.grenadaembassyusa.org/consular-services/consular-nationals/>)

### Requirements for the return of travel document

1. If the Emergency Travel Document is to be mailed back to you, please include a separate money order or certified check for **\$18.00** for Express Mail.
2. **Cash accepted IN PERSON ONLY – EXACT CHANGE ONLY.**

### SEND EMERGENCY TRAVEL DOCUMENT APPLICATION TO:

EMBASSY OF GRENADA  
**ATTN: CONSULATE**  
1701 NEW HAMPSHIRE AVENUE, NW  
WASHINGTON, DC 20009-2501  
(202) 265-2561

# APPLICATION FOR A GRENADIAN PASSPORT

**Please read the following instructions carefully before completing the form.**

**HOW TO COMPLETE THE FORM**

- All relevant sections must be completed by all applicants.
- Answers should be clearly written in the applicant's own handwriting or parent's/guardians in the case of persons under 16 years of age, using pen and block capitals.

**SIGNING THE FORM**

The Passport Holder must sign the form in the space provided above section 1 and in section 11. For children under 16 yrs. the parent(s) or guardian(s) must sign section 11 only. Section 12 should be completed by the person verifying the declaration who should be a member of Parliament, Justice of the Peace, Minister of Religion, Medical or Legal Practitioner, Established Civil Servant, Principal and other qualified Teachers, Bank Official, Police Officers from the rank of Inspector or any person of similar standing personally acquainted with the applicant.

A member of the applicant's immediate family is not acceptable as a recommender. The recommender must be a Citizen of Grenada.

**DOCUMENTS TO BE PRODUCED**

**(A)** Any person who surrenders with this application a previous machine readable passport establishing his/her identity and nationality will not normally be required to produce any other documents unless the person's name or status has been changed.

**(B)** Males (married or single) and female who have not been married and children, should produce birth certificate or certificate of naturalization or registration as a citizen of Grenada as the case may require.

**(C)** Married women (including widows and women whose marriage have been terminated) should produce marriage certificate or divorce certificate where applicable.

**(D)** If the person has changed his or her name, the registered birth certificate or deed poll recording the change must also be submitted.

**(E) Photographs.** Two copies of a recent photograph of the applicant must be included with the application. These photographs must be taken full face without hat and the photographs must not be mounted. The size of the photographs must not be more than 2 ½ inches by 2 inches or less than 2 inches by 1 ½ inches. The photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side. **The recommender is also required to endorse the reverse side of one copy of the photograph with the words:** "I certify that this is a true likeness of the applicant (Mr., Mrs. or Miss) ....." and add his signature.

**CHILDREN UNDER THE AGE OF 16 YRS.** may not be granted a passport without the written consent of the legal guardian i.e. the father, or if the father is dead, the mother or in the case of a child born out of wedlock the mother. If the father and mother are dead, a written consent from the person who has legal custody of the child must be submitted. Proof of legal custody must be submitted also.

**EMERGENCY CONTACT**

It is important to provide information on the person who may be contacted in the event of an emergency.

**PLEASE PRINT YOUR ANSWERS IN THE SPACES BELOW WHERE APPLICABLE**

Signature of Passport Holder in the middle of the space provided

X

*Note: Leave this space blank if applying for a passport for a person unable to sign.*

|  |                      |   |  |   |
|--|----------------------|---|--|---|
| <b>1.</b>  | <b>PERSONAL DATA</b> |   |  |   |
| <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Miss<br><input type="checkbox"/> Other |                      | Marital Status:<br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Divorced |  | <input type="checkbox"/> Widowed<br><input type="checkbox"/> Re-married<br><input type="checkbox"/> Separated |
| SURNAME: (in block capitals)   |                      |   |  |   |
| CHRISTIAN NAME(S):   |                      |   |  |   |
| MAIDEN NAME:   |                      |   |  |   |
| If name has been changed other than by marriage, state original name:  |                      |   |  |   |
| Date of Birth (dd/mm/yyyy)<br>...../...../.....  |                      | Place of Birth:   |  | Age last Birthday:  |
| Nationality:   |                      |   |  |   |
| Sex:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |                      | Height<br>ft . ins.   |  | Special Peculiarities (Visible)   |
|  |                      | Colour of Eyes:<br>Colour of Hair:  |  |   |
| Country of Residence:  |                      | Present Address:  |  | Telephone:  |
| Occupation:  |                      | Permanent Address:  |  | Fax:<br>E-mail:   |

|           |  |  |  |             |                         |
|-----------|--|--|--|-------------|-------------------------|
| <b>2.</b> | <b>If Married, Divorced, Separated or Widowed give information on spouse or former spouse.</b> |  |  |             |                         |
|           | <b>First Name:</b>   |  | <b>Middle Name:</b>  |             | <b>Maiden Name:</b>     |
|           | <b>Date of Marriage</b><br>(dd/mm/yyyy)<br>...../...../.....                                   |  | <b>Place of Marriage</b>   |             | <b>Country of Birth</b> |
|           | <b>Profession or Occupation</b>  |  | State whether married more than once ..... If more than once, particulars of previous marriage or marriages should be given in Section 10 on page 3. |             |                         |
|           | <b>Permanent Address</b>   |  |  |             |                         |
|           | <b>Mailing Address</b>   |  |  |             |                         |
|           | <b>Telephone Home:</b>   |  | <b>Business:</b>   | <b>Fax:</b> | <b>E-mail</b>           |

|           |                               |            |             |                  |                     |                |
|-----------|-------------------------------|------------|-------------|------------------|---------------------|----------------|
| <b>3.</b> | <b>PARTICULARS OF PARENTS</b> |            |             |                  |                     |                |
|           | <b>Father</b>                 | First Name | Middle Name | Surname          | Date of Birth       | Place of Birth |
|           | <b>Mother</b>                 | First Name | Middle Name | Surname          | Maiden Name         | Date of Birth  |
|           | Place of Marriage             |            |             | Date of Marriage | Country of Marriage |                |
|           | Profession                    |            |             |                  |                     |                |

|   |                                       |   |                                     |  |
|---|---------------------------------------|---|-------------------------------------|--|
| <b>4.</b>   | <b>CITIZENSHIP OF PASSPORT HOLDER</b> |   |                                     |  |
|   | <b>Citizen of Grenada by:</b>         |   |                                     |  |
|   | <input type="checkbox"/> Birth        | <input type="checkbox"/> Naturalization | <input type="checkbox"/> Investment |  |
|   | <input type="checkbox"/> Descent      | <input type="checkbox"/> Registration   |                                     |  |
| If citizen of Grenada by <b>Descent</b> attach birth certificate of parent(s) to establish parental claim. If citizen of Grenada by <b>naturalization, registration or investment</b> give particulars of registration or naturalization certificate and attach a certified copy of same. |                                       |   |                                     |  |
| Type of Certificate   | Certificate No.                       | Date of Issue                           | Place of Issue                      |  |

|           |   |                     |                    |                |                |
|-----------|---|---------------------|--------------------|----------------|----------------|
| <b>5.</b> | <b>Persons born in any foreign country must complete particulars of parent(s)</b> |                     |                    |                |                |
|           | <b>If born in Grenada attach Birth Certificate</b><br>Name:                       |                     | Place of Birth:    | Date of Birth: |                |
|           | <b>If citizen of Grenada by Naturalization, Registration or Investment</b>        | Type of Certificate | Certificate Number | Date of Issue  | Place of Issue |

|           |   |  |  |  |  |
|-----------|---|--|--|--|--|
| <b>6.</b> | <b>PASSPORT REQUIRED FOR TRAVELLING TO:</b> |  |  |  |  |
|           | <b>PURPOSE OF TRAVEL:</b>                   |  |  |  |  |

**7. Particulars of previous passport which has been lost or is not available for present use.**  
**NOTE: A police report must be submitted with the application, together with proof of citizenship**

|  |                            |                           |
|--|----------------------------|---------------------------|
| Passport Number  | Date of Issue (dd/mm/yyyy) | Place of Issue            |
| Bearer's full name at time of issue:   | Place of Loss              | Date of Loss (dd/mm/yyyy) |
| What measures were taken at time to report loss and to obtain recovery?      |                            |                           |
| How did loss occur?  |                            |                           |
| Has loss been reported to the Police? (If yes, attach copy of police report) |                            |                           |

**8. CONTACT IN CASE OF EMERGENCY**

|               |                   |           |
|---------------|-------------------|-----------|
| Surname:      | Christian Name(s) | Telephone |
|               |                   | Fax:      |
|               |                   | E-mail:   |
| Address:      |                   |           |
| Relationship: |                   |           |

**9. PARENT'S CONSENT (See note on page 1)**

I (name) ..... the (relationship) .....  
of name(s) ..... hereby give my consent  
for him/her to hold a passport.

Signature .....

**10. SUPPLEMENTARY INFORMATION**

.....  
.....  
.....  
.....

**11. DECLARATION OF APPLICANT OR DECLARATION ON BEHALF OF CHILD UNDER THE AGE OF 16 YEARS WHERE APPLICABLE.**

A  I declare that the information in the application is correct to the best of my knowledge and belief, and

B  That I have not lost the status of citizen of Grenada

*Choose C, D or E, whichever is applicable*

C  That I have not held or applied for any passport whatsoever.

D  That all previous Grenadian passports granted to me have been surrendered other than passport or travel document number ..... which is now attached and that I have made no other application for a passport since the passport or travel document was issued to me.

E  That I have lost the previous passport.

I certify that I have read and understood all the questions set forth in this application and the answers that I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false, incomplete or misleading information may result in delays in the issuance of a passport and can lead to having criminal proceedings taken against me. I understand that a passport is the property of the Government of Grenada and can be recalled at any time.

**Signature:** ..... **Date:** .....

**Relationship of applicant to passport holder:** .....

|  |                    |
|--|--------------------|
| <b>12.</b>   | <b>RECOMMENDER</b> |
| <p>I (name in block capitals) ..... declare that to the best of my knowledge and belief the above-made declaration and description on behalf of Mr./Mrs./Miss. .... are true and that I can from my personal knowledge of him/her vouch for him/her as a fit and proper person to receive a passport. I have known the applicant for ..... years. I am a citizen of Grenada.</p> <p>Signature: ..... Date: .....</p> <p>Profession: ..... Telephone: .....</p> <p>Address: ..... Fax: .....</p> <p>..... E-mail: .....</p> |                    |

**FOR OFFICIAL USE ONLY**

| <b>DOCUMENTS PRODUCED TO BE NOTED HERE</b> |  |  |                      |                           |
|--|--|--|----------------------|---------------------------|
| Applicant's Birth Certificate              | Previous Passport                                      | Parent(s) Birth Certificate where applicable | Marriage Certificate | Affidavit where necessary |
| Divorce Certificate                        | Registration, Investment or Naturalization Certificate | Letter of Consent                            | Deed Poll            | Photos                    |

**OTHER DOCUMENTS**

**PLACE WHERE APPLICATION WAS RECEIVED:**

St. George's, Grenville, Carriacou, New York, Washington, London, Canada, Venezuela

Other specify (.....)

Receipt No. ....

|                               |            |  |
|-------------------------------|------------|--|
| Application Received by ..... | Date ..... | <div style="border: 1px solid black; padding: 10px;"> <p><b>Amount of fees Paid</b></p> <p>Stamp:</p> <p>Total:</p> </div> |
| Checked and Approved by ..... | Date ..... |  |
| Supervised by .....           | Date ..... |  |
| Passport No. ....             |            |  |
| Date Issued. ....             |            |  |
| Date Expired .....            |            |  |
| Authority Signature .....     |            |  |

**DISTRIBUTION**

Delivered to ..... Date .....

Delivered by ..... Date .....