



FORM B

To avoid delay, answers to all relevant sections should be completed in ink.
 Please fill out the form in BLOCK CAPITALS.
NOTE: Do not sign this form until you have read all notes on page 1.

| | | | |
|---|--------------------------------------|--|---|
| 1 Surname of child: _____ | | Residence (country): _____ | |
| Christian names (or other names): _____ _____ | | Height: __ Feet __ Inches Colour of eyes: _____ Colour of hair: _____ | |
| Has name been changed? [] No [] Yes If so, state original name _____ _____ | | Relation of applicant to child: (e.g. father or mother) _____ | |
| Age last birthday* __ | Place and country of birth _____ | Date of birth __ __ __ (DD/MM/YY) | Special peculiar (visible): _____ _____ |
| Present address: _____ _____ | | | Telephone numbers: _____ |
| Usual place of residence: _____ _____ | | | |

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|--|--|--|--|
| 2 TO BE COMPLETED BY CHILD BORN ABROAD | | | |
| A – Particulars of child's father/mother | | | |
| (a) Name of father _____ Place and country of birth _____ Date of birth __ __ __ (DD/MM/YY) | | | |
| (b) Name of mother _____ Place and country of birth _____ Date of birth __ __ __ (DD/MM/YY) | | | |
| (c) If father/mother is a citizen of St. Vincent and the Grenadines by naturalisation or registration, state: _____ _____ No. of his/her document | | | |
| B – If child's birth was registered at a St. Vincent and the Grenadines mission abroad, state: _____ Name of consulate/mission _____ (DD/MM/YY) _____ Date registered Consulate/mission certificate registration no. Place, country and date of father/mother's birth _____ _____ _____ (DD/MM/YY) Place Country Date | | | |

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| 3 NATIONAL STATUS | | | |
| Citizen of St. Vincent and the Grenadines by [] Birth [] Descent [] Naturalisation [] Registration If by naturalisation or registration, state: No. of document Date of issue _____ (DD/MM/YY) Place of issue | | | |

