

Application for Renewal of Belize Passport - Damaged Minor (Persons below the age of Sixteen (16)) Check-List

	Documents Required	Details	For Official Use Only
1	Completed Application Form	 In either blue or black ink No whiteout or scratches permitted If the child is 10 years of age or older, the child needs to sign the application form Applicant (parent or legal guardian) must also sign 	
2	Completed Recommender Form (4A)	 To be completed by a registered medical practitioner or registered legal practitioner i.e. Attorney at Law, Notary Public or Medical Doctor Full name of minor must be included Business card to be submitted if available 	
3	Previous Belize Passport of Minor		
4	One (1) Valid Photo ID of parent or legal guardian applying for the passport	 Not expired Must be in English or be accompanied by a certified English translation Must include full name of applicant (parent or legal guardian exactly as it appears on the child's birth certificate, nationality certificate and/or adoption certificate May be a state ID, permanent residency card or passport 	
5	Original Birth Certificate (from Belize or Native Country)	 Must be in English or be accompanied by a certified English translation issued by the competent authority 	
6	Original Adoption Certificate (if adopted)	 Certificate must be issued and registered in Belize 	

8	Original Belize Naturalization by descent document/ Belize Nationality Certificate or other evidence of Belizean nationality of minor Original Belizean Nationality Certificate of parent or legal guardian applying for the passport	•	For Belizean by descent or registration A laminated document or nationality certificate is considered damaged. A replacement must be obtained before starting the passport application process. Must include full name of applicant (parent or legal guardian exactly as it appears on the child's birth certificate, nationality certificate and	
	A total of two (2) identical photos (2	inches x	adoption certificate) 2 inches) as per below:	
9	1 Photo (2 inches x 2 inches)	•	Taken within the last six (6) months White background To be certified by the same registered medical practitioner or registered legal practitioner who completed Form 4A The wording should read as follows "I certify that this is a true likeness of [insert full name of <u>applicant</u>]" Signature and stamp of the same registered medical practitioner or registered legal practitioner who completed Form 4A	
10	1 Photo (2 inches x 2 inches)	•	Taken within the last six (6) months White background	
11	Checklist	•	To be certified during appointment This checklist is to be presented along with all required documents on date of appointment	
12	Form 6	•	Complete all relevant sections that apply to you Must be authenticated by a registered legal practitioner i.e. Attorney at Law or Notary Public	
13	Payment of £105	•	Payable in Pound Sterling (£) <u>only</u> Cash, UK Postal Order or via cheque from a UK accredited bank <u>only</u>	

Please Note:

- 1. Two (2) copies of all the above-listed documents are required on date of appointment.
- 2. No incomplete applications can be accepted or processed.
- 3. Processing of applications require a <u>minimum</u> of six (6) to eight (8) weeks from the date that all required documentation is submitted in order.
- 4. All documents that are not in the English language must be translated to English and certified by the competent issuing authority.