

THE BARBADOS CITIZENSHIP REGULATIONS, 1967

(Regulation 4(1))

Application for Registration as a Citizen of Barbados under Section 4 () of the Act made by an Adult or Minor of the Age of 16 years or over who is a Commonwealth Citizen or Citizen of the Republic of Ireland, on the Ground of Ordinary Residence in Barbados or on the Ground of Crown Service under the Government of Barbados

CAUTION:- Section 15(1) of the Barbados Citizenship Act, 1967 provides that:

"Any person who for the purpose of procuring anything to be done or not to be done under this Act or under the provisions of Chapter II of the Constitution, makes any statement which he knows to be false in a material particular, or recklessly makes a statement which is false in a material particular, shall be guilty of an offence and shall be liable on conviction thereof by a court of summary jurisdiction to a fine not exceeding 500 dollars or imprisonment for a term not exceeding three months or to both such fine or imprisonment."

Name and Address in block capitals.

1. I, of

If minor is applicant delete words in brackets.

(am a person of full age and capacity and) was born at on

Delete word in brackets which does not apply.

2. My father's full name (is) (was) and he was born at on

Delete words in brackets which do not apply.

3. I am (single) (married) (a widow) (a widower) (divorced from my wife/husband).....

Delete words in brackets which do not apply.

4. My (wife's/husband's) full name (is) (was).....

Delete subparagraph which does not apply.

5. I am (a) a citizen of the following countries mentioned in the First Schedule of the Barbados Citizenship Act, 1967, *that is to say, (insert name of country or countries)..... or (b) a citizen of the Republic of Ireland by reason of the fact that (here state the grounds on which the applicant claims to be such a citizen).....

Delete words which do not apply.

6. I have been ordinarily resident in Barbados or have been in the Crown Service under the Government of Barbados or partly the one and partly the other for periods amounting in the aggregate to not less than five years during the period of seven years ending with the date of this application.

*The countries so mentioned are the United Kingdom and Colonies, Canada, Australia, New Zealand, India, Pakistan, Ceylon, Ghana, Malaysia, Nigeria, Cyprus, Sierra Leone, Tanzania, Jamaica, Trinidad and Tobago, Uganda, Kenya, Malawi, Malta, Zambia, The Gambia, Singapore, Guyana, Botswana, Lesotho, Southern Rhodesia.

Either or both sub-paragraph (a) and (b) should be completed.

(a)

Details of Residence

Full Postal Address in Barbados	From (Date)	To (Date)	Years	Months

Total Residence years.

(b)

Details of Service

Government Department by which employed	Capacity in which employed	From (Date)	To (Date)	Years	Months

Total Service years.

(If the period is less than seven years here state the special circumstances in which it is deemed that the shorter period should be accepted.

Delete words in brackets which do not apply.

7. I *(have) (have not)* previously renounced or been deprived of citizenship of Barbados. *(if the applicant has renounced his or her citizenship of Barbados, here state the date on which the declaration of renunciation was made; and if he or she has been deprived of his or her citizenship, state the date on which, and the authority by whom the order of deprivation was made)*

8. I hereby apply to be registered as a citizen of Barbados.

I,

do solemnly and sincerely declare that the foregoing particulars stated in this application are true, and I make this solemn declaration conscientiously believing the same to be true.

.....
(Signature of Applicant)

Made and subscribed thisday of

20before me.....at.....

.....*(Justice of the Peace or other Official Title)*..

BARBADOS

**IN THE MATTER OF THE APPLICATION
FOR REGISTRATION AS A CITIZEN OF
BARBADOS OF**

.....

I,
OF
in the Parish of in this Island **MAKE OATH AND SAY** as follows:-

I am a Barbadian national by virtue of having been *born in this Island on the
..... day of20/having * acquired
Citizenship of Barbados on the day of 20

I have known
from the year

I make this affidavit for the purpose of establishing that from my own personal knowledge of
the said gained from being associated with the
said
† in
the said has resided continuously in
this island from the year up until and that to the best of
my knowledge and belief he/she is a fit and proper person to become a citizen of Barbados.

Sworn to by the Deponent the said
.....

this day of
.....20

Before me

Justice of the Peace

.....
Signature of Deponent

*Strike out section which does not apply

† Indicate means of knowledge

DEPARTMENT OF IMMIGRATION

MEDICAL FORM

PHOTOGRAPH

Name.....
 (Surname – Block Letters) (Other Names)

Address.....

Citizen of.....

Passport No..... Date and Place of issue.....

Marital status.....

Names of children with dates of birth

.....

.....

.....

.....

Present Occupation.....

Intended Occupation in Barbados No. of persons accompanying head of family

Have you ever been disabled or received compensation for injury? *If yes, state nature and date of disability or injury.* Yes No

Have you ever been hospitalised? *If yes, give name and address of hospital and date.* Yes No

Have you suffered from Tuberculosis or received treatment in a sanatorium? Yes No

Have you suffered from:	Yes	No	Yes	No
1. Nose bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Peptic Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gall Stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Melaena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Intestinal parasites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Palpitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Painful joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Skin disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Fits, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cancer, tumour or other growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Signature..... Signature..... Date.....
 (Applicant's)

Height.....ft.....ins.....cm.

Weight lb kg

Acuity of Vision

Hearing (Conversational Voice)

Rt. eye

Rt. ear.....ft.....cm.

Left eye

Left ear.....ft.....cm.

Throat.....

Nose.....

Neck.....

Lungs.....

Pulse Rate.....

Abdomen.....

Heart.....

External Genitalia

Blood Pressure..... *(Repeat if Abnormal)*

Rectum.....

Rt. Upper Limb.....

Left Lower Limb.....

Left Upper Limb.....

Right Lower Limb.....

Scars.....

Lymph Nodes.....

Operation Scars

C.N.S

Mental Development

Psychiatric Abnormalities

Urinalysis - Col. Sp.g..... Alb..... Sug.....

VDRL/RCPF.....

Stool (microscopic) *(If indicated)*

*Chest X-Ray

*Reports only accepted from: Consultant, Department of Radiology, Queen Elizabeth Hospital or Adviser on Chest diseases

Conclusion

Prognosis

Date

(Signature of Examining Doctor)

Name.....
(Please print)

Address.....

Is Applicant medically fit for immigration?

Date

Medical Referee