



Government of Antigua and Barbuda  
Ministry of Foreign Affairs  
PASSPORT OFFICE

REQUEST FOR DUPLICATE  
REGISTRATION/NATURALIZATION CERTIFICATE

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day            Month            Year

Country of Birth: \_\_\_\_\_

Category of Certificate:  
R1: \_\_\_\_\_

R2: \_\_\_\_\_

R3: \_\_\_\_\_

R4: \_\_\_\_\_

R7: \_\_\_\_\_

N1: \_\_\_\_\_

Registration Certificate #: \_\_\_\_\_

Naturalization Certificate #: \_\_\_\_\_

Administration Fee: \$100.00 E.C. (in postage stamps)  
One (1) certified photograph of the applicant is required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature