

**APPLICATION FOR A SRI LANKAN TRAVEL DOCUMENT**

ISSUED FREE

Affix the third photograph here

INSTRUCTIONS ON HOW TO FILL THE APPLICATION ARE GIVEN IN PAGE THREE.

(01) Present travel document number	<input type="text"/>	FOR OFFICE USE ONLY	
(02) Personal identity card number	<input type="text"/>		
(03) Type of travel document required	All Countries Specified (Middle East) Countries Emergency Certificate Identity Certificate	AC <input type="checkbox"/> ME <input type="checkbox"/> EC <input type="checkbox"/> IC <input type="checkbox"/>	
(04) Surname	<input type="text"/>		
(05) Names other than surname	<input type="text"/>		
(06) Civil status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	
(07) Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
(08) Maiden name	<input type="text"/>		
(09) Permanent address in the country of domicile	<input type="text"/>		
(10) Profession/Occupation	<input type="text"/>		
(11) Skin complexion	Black <input type="checkbox"/> Dark <input type="checkbox"/> Fair <input type="checkbox"/> White <input type="checkbox"/>	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/>	(12) Colour of eyes
			Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Yellow <input type="checkbox"/>
(13) Colour of hair	Black <input type="checkbox"/> Blue <input type="checkbox"/> Grey <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	(14) Height in centimeters
			<input type="text"/>
(15) Marks of identification (if any)	<input type="text"/>		
(16) Date of birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
(17) Birth certificate no. and the district	<input type="text"/>	<input type="text"/>	
(18) Place of birth	<input type="text"/>		
(19) Have you obtained citizenship of a foreign country or dual citizenship in Sri Lanka	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(20) Number of children under 16 years of age to be included as per form IM 35 C (Maximum six)	<input type="text"/>		
(21) Passport required on	Same day service <input type="checkbox"/> Normal service <input type="checkbox"/>	S <input type="checkbox"/> N <input type="checkbox"/>	Signature of the applicant

**DECLARATION OF THE APPLICANT**

I declare that/ I am a citizen of Sri Lanka/ I hold Dual Citizenship of Sri Lanka/ I am a citizen of ..... (write the name of the country).\*

I declare that the information furnished in this application is true and correct to the best of my knowledge and belief.

I certify that all previous Passports, Emergency Certificates and Identity Certificates held by me have been surrendered to the Sri Lankan Passport Authorities for cancellation, other than the Passport/Emergency Certificate/Identity Certificate No. .... which is now submitted and that I have made no other application since the one attached was issued to me. \*

I certify that I have not previously held or applied for any Passport, Emergency Certificate or an Identity Certificate. \*  
I certify that affixed photographs are depicting the natural status of myself without disguise or concealment and were taken within the last three months.

I certify that the documents attached to this application are true and correct and no alternations, modifications or falsifications were carried out to them to hide or deflect true facts.

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

**Signature of the applicant**

\* Please delete inapplicable words.

**CERTIFICATE REGARDING THE APPLICANT (NO FEE IS CHARGEABLE FOR THIS CERTIFICATE)**

I ..... of ..... hereby certify that I have personally known the applicant ..... for a period of ..... years and I can, from my personal knowledge of the applicant, vouch for the applicant as a suitable person to receive a Sri Lankan travel document.

To the best of my personal knowledge and belief, the information given by the applicant is true and the declaration made above by the applicant is accurate.

The applicant placed his/her usual signature before me on ..... at .....

Designation or profession: .....  
Signature of the attester

**Seal/Stamp/Frank**

**Please Note:**

- (1) Persons signing this certificate of attestation should note that they can sign only on the personal knowledge about the applicant.
- (2) The above certification could be given only by a Civil List Officer of the Sri Lankan Government, Justice of the Peace, Qualified Medical Practitioner or by an Attorney at Law.

ISSUED FREE

TM 35 (B)

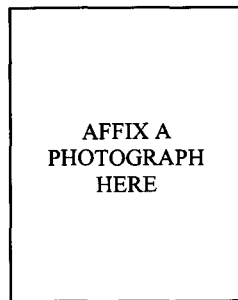
DEPARTMENT OF IMMIGRATION AND EMIGRATION

PHOTO/SIGNATURE CARD

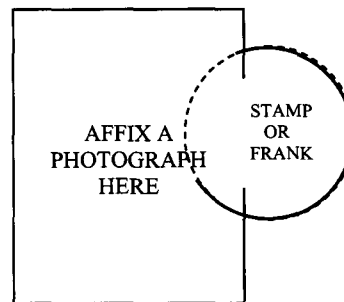
For office use only

CA			
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Please affix two colour photographs of size 3.5 cm x 4.5 cm (without white border) in the spaces below. Do not write or mark anything on the photograph to be scanned.



PHOTOGRAPH TO BE SCANNED



VERIFICATION PHOTOGRAPH

Please place your signature inside both cages below. Signature should not touch the border.



I certify that the above photograph of ..... is depicting the natural status of the applicant without disguise or concealment and that the above signature is placed by the applicant before me. I have signed over the verification photograph and placed my frank/stamp across the same photograph in confirming this fact.

Date : .....

.....

Signature of the attester

FOR OFFICE USE ONLY				
Approved	Fee collected	Amount	Receipt number	Passport type
Scanned	Printed	QA		



දෙපාර්තමේන්තුව  
 DEPARTMENT OF IMMIGRATION & EMIGRATION

ලබාදීමේ ඇතුළත් වීමේ / විවේචනාත්මක ලේඛන සඳහා ඇතුළත් වීමේ  
 APPLICATION FOR INCLUSION OF CHILDREN

දැනට ඇති ගමන් බලපත්‍ර අංකය / ප්‍රවේශනා පිටපතේ අංකය  
 Present Travel Document Number

"C" ආකෘතිය  
 FORM C. ද.ප. 35/04 35/  
 කාර්යාලය භාවිතය සඳහා පමණක් භාවිතයට ගන්න.  
 For office use only.

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අයදුම්කරුගේ නම / විවේචනාත්මක ලේඛන සඳහා  
 NAME OF APPLICANT

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නිකුත් කරනු ලබන චිත්‍රපට  
 පිටපත් කිරීමේ සඳහා / PHOTOGRAPH TO BE SCANNED

තහනම් කරනු ලබන චිත්‍රපට / විවේචනාත්මක ලේඛන සඳහා  
 VERIFICATION PHOTOGRAPH

1	2	3	4	5	6
චිත්‍රපටයක් මෙහි ඇතුළත් විවේචනාත්මක ලේඛන සඳහා AFFIX A PHOTOGRAPH HERE	මුලදරු සමඟ චිත්‍රපටයක් සඳහා ආදායම් ප්‍රවේශනා පිටපතේ අංකය CHILD'S NAME WITH INITIALS	දින මාස වර්ෂය DATE OF BIRTH	ස්ත්‍රී පුරුෂ මානව SEX	චිත්‍රපටයක් මෙහි ඇතුළත් විවේචනාත්මක ලේඛන සඳහා AFFIX A PHOTOGRAPH HERE	චිත්‍රපටයක් මෙහි ඇතුළත් විවේචනාත්මක ලේඛන සඳහා AFFIX A PHOTOGRAPH HERE
	1				
	2				
	3				
	4				
	5				
	6				

කාර්යාලය භාවිතය සඳහා / කාර්යාලය පමණක් භාවිතයට ගන්න.  
 For office use only

අයදුම්කරුගේ අත්සන / විවේචනාත්මක ලේඛන සඳහා  
 Signature of the Applicant

.....

දිනය / මාසය / වර්ෂය / Date : .....

තහනම් කරන්නාගේ අත්සන / විවේචනාත්මක ලේඛන සඳහා  
 Signature of the Attester

.....

දිනය / මාසය / වර්ෂය / Date : .....

Approved by	Entered by	Validated by	Printed by
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**CONSENT OF THE PARENTS  
TO ISSUE A SEPARATE PASSPORT FOR THE CHILD**

Address .....

.....

.....

Post Code .....

Tel: .....

I/We, .....

.....

parent/parents of Master/Miss .....

.....

residing at the above address do hereby give my/our consent to issue a separate passport for my/our child.

**Father**

**Mother**

Signature :.....

Signature:.....

Name:.....

Name: .....

Passport No: .....

Passport No.: .....

Date: .....

Date: .....