



## EMBASSY OF ST. KITTS AND NEVIS

### CITIZENSHIP BY DESCENT

Requirements for processing:

1. Completed citizenship application and medical form
2. Two passport sized photos
3. Notarized copy of applicant's birth certificate
4. Notarized copy of parent's birth certificate who was born in St. Kitts and Nevis
5. Notarized copy of grandparent's birth certificate (if applying via grandparents)
6. Notarized copy of parent's citizenship certificate (If applicable)
7. Notarized copy of applicant's passport data page
8. Criminal background check
9. Fee in the form of a cashier's check made payable to the Accountant General, in the amount of \$56.00 USD

Please be advised of the eligibility criteria below to obtain citizenship.

#### **Citizenship by Descent via grandparents**

Applicants who were born before St. Kitts and Nevis gained independence are eligible to obtain citizenship through their grandparent **only** if the applicant is a British citizen or a citizen of British Dependent Territory. Persons who were born outside of the specified areas are not eligible. Persons who were born after St. Kitts and Nevis attained independence are **not eligible**.

#### **Citizenship by Descent via parents**

Applicants whose parent/parents were born in St. Kitts and Nevis can obtain citizenship.

#### **Citizenship by Descent via parent who obtained citizenship**

Applicants who are British citizens or a citizen of a British Dependent Territory can obtain citizenship from their parent if the parent is a British citizen or a British Dependent Citizen who obtained citizenship and was born before St. Kitts and Nevis obtained independence.

Persons who were born outside of the specified areas must be under 18 years of age and their parent must obtain citizenship before the applicant can apply.



**GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS**

**Registration for Citizenship by Descent under sections 90(c), 90(f) and 91(b)  
of the St Kitts and Nevis Constitution**

**APPLICANT - PLEASE PRINT**

SURNAME		SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
FIRST AND OTHER NAMES			
MAIDEN NAME			
DATE OF BIRTH	DD	MM	YY
PLACE OF BIRTH			
PRESENT ADDRESS			
HAS APPLICANT LIVED IN ANY OTHER PLACE IN THE PAST TEN YEARS			Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, LIST ADDRESSES AND DATES (USE ADDITIONAL SHEET OF PAPER IF NEEDED)			
<b>DATE</b>	<b>ADDRESS</b>		
OCCUPATION			
HAS APPLICANT EVER BEEN CONVICTED OF A CRIME?			Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, GIVE DETAILS (USE ADDITIONAL SHEET OF PAPER IF NEEDED)			

**PARENTS**

MOTHER

NAME			
PLACE OF BIRTH	DATE OF BIRTH	DD	MM YY
USUAL PLACE OF RESIDENCE			

FATHER

NAME			
PLACE OF BIRTH	DATE OF BIRTH	DD	MM YY
USUAL PLACE OF RESIDENCE			

**GRANDPARENTS**

GRANDMOTHER

NAME				
PLACE OF BIRTH	DATE OF BIRTH	DD	MM	YY
USUAL PLACE OF RESIDENCE				

GRANDFATHER

NAME				
PLACE OF BIRTH	DATE OF BIRTH	DD	MM	YY
USUAL PLACE OF RESIDENCE				

Date of Application .....

Signature: .....

(Parent must sign if applicant is under age 16)

Signature: .....

Parent's Name: .....

(PLEASE PRINT)

The following documents **MUST** be submitted in either **ORIGINAL** or **CERTIFIED COPY** format, along with the application.

- A. Birth Certificate of applicant
- B. Birth Certificate of either parent born in St Kitts and Nevis
- C. Certificate of Citizenship of either parent whose parent was born in St Kitts or Nevis
- D. Birth Certificate of either Grandparent who was born in St Kitts or Nevis
- E. Marriage Certificate where applicable
- F. Police Certificate of applicant, if over age 16, for each country where applicant lived for the past six months
- G. HIV test results for applicant if over age 12
- H. 2 passport sized photographs
- I. The application fee: EC\$120.00



Government of St. Kitts & Nevis

C3

For official use only

Application Number

# Medical Certificate

This Medical Certificate is to be completed in **English** by a registered medical practitioner. Please supply additional details on a separate sheet if necessary. **One form for each person** (including children) is to be completed. Note that the medical practitioner must ask for evidence of identification (such as a passport or ID card) - see sections A and D of this form.

## A. Personal Details

A1. Surname		A2. Given name(s)	
A3. Place and country of birth		A4. Date of birth ____/____/____ <i>Day Month Year</i>	A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A6. Address		A9. ID/passport details - issuing country and ID/passport number	

## B. Statement of Health

The Medical Examiner is requested to ask the following questions or to review them if they have been answered previously. Give details (if necessary on an attached sheet) and dates if any of the questions below are answered with yes.

B10. Do you currently have any serious health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
B11. Have you been hospitalised in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
B12. Have you visited a doctor in the last three years other than for routine check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No
B13. Do you suffer or have you ever suffered from tuberculosis, hepatitis, typhoid or any other communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No
B14. Do you suffer or have you ever suffered from AIDS or AIDS related conditions or any immune deficiency syndromes? <input type="checkbox"/> Yes <input type="checkbox"/> No
B15. Do you suffer or have you ever suffered from any nervous or mental illness or disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No

## C. Medical Examination

The Medical Examiner is requested to examine the applicant generally and to answer the following questions. Give details and dates if any of the questions below are answered with yes.

C16. Weight (in kg)	C17. Height (in cm)
C18. Skin - Are there any signs of skin disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C19. Respiratory system - Any signs of abnormalities, including nose and lungs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C20. <b>Cardiovascular system</b> - Any signs of abnormalities, including pulse, blood pressure, heart murmurs? <input type="checkbox"/> Yes <input type="checkbox"/> No
C21. <b>Digestive organs and abdomen</b> - Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C22. <b>Urogenital organs</b> - Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C23. <b>Nervous system and sense organs</b> - Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C24. <b>Musculoskeletal system</b> - Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C25. <b>Endocrine system</b> - Any signs of abnormalities, including thyroid? <input type="checkbox"/> Yes <input type="checkbox"/> No
C26. <b>Various</b> - Any other signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C27. <b>Final evaluation</b>

**Important:** You must enclose **original** results of an **HIV (AIDS) test** showing clearly first name and surname. Note that the HIV test results must be **not older than 3 months**. **Applicants under the age of 12 are exempted from providing HIV (AIDS) tests**

**D. Medical Examiner Details and Declaration**

D28. Full name of medical examiner	
D29. Organization	
D30. Position	
D31. Address	
D32. Telephone number	D33. Fax number
I hereby confirm that I have identified, questioned and examined _____ and have answered all questions to the best of my knowledge and in good faith.	
Place and date	
Stamp and signature of medical examiner	