



## EMBASSY OF ST. KITTS AND NEVIS

### CITIZENSHIP BY DESCENT - MINOR

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
5. Notarized copy of parent's citizenship certificate (If applicable)
6. Notarized copy of applicant's passport data page (if applicant is under 18, a copy of the parent's passport data page will suffice)
7. Fee in the form of a cashier's check made payable to the Accountant General, in the amount of \$56.00 USD if parent is a natural born citizen of St. Kitts and Nevis, or \$375.00 USD if parent obtained St. Kitts and Nevis Citizenship by Investment.

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.



**SAINT CHRISTOPHER AND NEVIS  
SAINT CHRISTOPHER AND NEVIS REGULATIONS 1984**

**NO. 12 OF 1984**

*Application for Registration  
as a Citizen of Saint Christopher and Nevis  
under Section 92 (1) (g)  
of the Constitution of Saint Christopher and Nevis*

**FORM R. 4**

1. Particulars of person under the age of eighteen years, Hereinafter referred to as "**a minor**"

\_\_\_\_\_  
**(Minor's name)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(Date of Birth)**

\_\_\_\_\_  
**(Full name of minor's father, if deceased, state date of death)**

State whether the minor's father is a citizen of the Saint Christopher and Nevis or is entitled to be registered as a citizen of Saint Christopher and Nevis; or, if deceased, would but for his death have been entitled to be registered as a citizen under Section 92 (1) of the Constitution:-

\_\_\_\_\_  
**(Full name of minor's mother, if deceased, state date of death)**

State whether the minor's mother is a citizen of the Saint Christopher and Nevis or is entitled to be registered as a citizen of Saint Christopher and Nevis; or, if deceased, would but for her death have been entitled to be registered as a citizen under Section 92 (1) of the Constitution:-

State if minor is single, married, widowed or divorced \_\_\_\_\_

State full name of minor's husband/wife, if deceased, state date of death \_\_\_\_\_

2. **APPLICATION**

(a) I, \_\_\_\_\_  
**(Full name)**

of \_\_\_\_\_  
**(Place of birth)** residing at \_\_\_\_\_

am the mother/father of \_\_\_\_\_  
**(Name of minor)**

to whom the foregoing particulars relate and I am (a citizen/entitled to be registered as a citizen) of Saint Christopher and Nevis.

**I HEREBY** apply for his/her registration as a citizen of Saint Christopher and Nevis.

(b) I, \_\_\_\_\_  
**(Full Name)**

of \_\_\_\_\_  
**(Place of birth)** residing at \_\_\_\_\_

am the Guardian of \_\_\_\_\_  
(Name of minor)

to whom the foregoing particulars relate and I am authorized to act as Guardian \* (by the court at \_\_\_\_\_  
\_\_\_\_\_/by the minor's (father/mother/step-father/step-mother /adopted father /adopted mother)

**I HEREBY** apply for his/her registration as a citizen of Saint Christopher and Nevis.

(c) I, \_\_\_\_\_  
the minor to whom the foregoing particulars relate (am/have been) married: particulars of marriage are set out above.

**I HEREBY** apply for my registration as a citizen of Saint Christopher and Nevis.

I do solemnly and sincerely declare the foregoing particulars in this application are true and correct and I make this solemn declaration conscientiously believing the same to be true, under and by virtue of Citizenship Act No.1 of 1984.

Signature of applicant \_\_\_\_\_  
\* (Parents/Guardian/Minor)

Made and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\*\* Before me \_\_\_\_\_  
(Name and signature of witness)

at \_\_\_\_\_  
(Address)

**CAUTION:** - Section 16 (1) of the Saint Christopher and Nevis Citizenship Act (No. 1, 1984)

**"Any person who for the purpose of procuring anything to be done or not to be done under this Act or under Chapter 8 of the constitution makes any statement which he knows to be false in 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 of five hundred dollars or to imprisonment for three months or to both such fine and imprisonment."**

**EXPLANATORY NOTES:**

This application is to be made by the following person:

A person under the age of eighteen years who is a child of a citizen or the child of a person who would but for his death, would have been entitled to be registered as a citizen under section 92 (1) of the Constitution.

Paragraph 2 (a) to be completed only where the application is made by the parent

Paragraph 2 (b) to be completed only where the application is made by a guardian

Paragraph 2 (c) to be completed only where the application is made by the minor under the provision, to section 92 (2) of the Constitution

\* Delete where applicable

\*\* To be witnessed by a:-(Judge, Magistrate, Notary Public, Commissioner of Oath, Justice of the Peace, Consular Officer and any other persons duly authorized.)

**THIS APPLICATION MUST BE COMPLETED, SUBSCRIBED AND SUBMITTED IN DUPLICATE WITH THE SUPPORTING DOCUMENTATION**

- Child's Birth Certificate
- Parent's Certificate of Citizenship
- 2 Passport Size Photos
- Complete Medical Examination Report
- Police Record for child over the age of 16 Years of Age
- Fee of EC\$<sup>1000.00</sup>~~500.00~~ (to be paid after application is approved)
- Any other document as may be required



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	

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

<b>D28. Full name of medical examiner</b>	
<b>D29. Organization</b>	
<b>D30. Position</b>	
<b>D31. Address</b>	
<b>D32. Telephone number</b>	<b>D33. Fax number</b>
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	