



EMBASSY OF ST. KITTS AND NEVIS

CITIZENSHIP BY MARRIAGE

Requirements for processing:

1. Completed citizenship and medical form
2. Two passport sized photos
3. Notarized copy of applicant's birth certificate
4. Notarized copy of applicant's passport data page
5. Notarized copy of spouse's birth certificate
6. Notarized copy of spouse's St. Kitts and Nevis Citizenship Certificate (if applicable)
7. Criminal background check of applicant
8. Fee to be paid via cashier's check, made payable to the "Accountant General", in the amount of USD\$372.00 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.



SAINT CHRISTOPHER AND NEVIS

SAINT CHRISTOPHER AND NEVIS CITIZENSHIP REGULATIONS 1984

NO. 12 OF 1984

(Regulations 3)

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

FORM R. I.

1. I, _____ of _____
(Full name and address in block letters)

was born at _____ on _____

2. I was married at _____ on _____

to _____ of _____
(Full name) (State if deceased) (State address or last address if deceased)

3. My husband/wife was born at _____

on _____

4. My marriage is still subsisting if not, please explain _____
(Tick box if "Yes", if "No" use additional sheet of paper if necessary)

5. My husband/wife would but for his/her death, have become a citizen of Saint Christopher and Nevis
by virtue of the fact that _____
(State the grounds on which this claim is made)

6. My husband/wife became a citizen of Saint Christopher and Nevis by virtue of the fact that _____
(State the grounds on which this claim is made)

But my marriage to him/her was dissolved before 19th September 1983, after having subsisted for three years.

7. My husband/wife is a Commonwealth citizen being a citizen of _____

(State Commonwealth country or countries of which he/she is a citizen)

and has been ordinarily resident in Saint Christopher and Nevis for the period of fourteen years immediately preceding the date of this application.

DETAILS OF RESIDENCE

Full postal address in Saint Christopher and Nevis	DATE		PERIOD	
	From	To	Years	Months

Total Residence _____

8. My husband/wife was a citizen of Saint Christopher and Nevis by reason of _____

(State the grounds on which this claim is made)

but he/she renounced his/her citizenship on the _____ day of _____

9. My husband/wife would but for renunciation of citizenship have become a citizen of Saint Christopher and Nevis by virtue of Section 90 of the Constitution by reason of the fact that _____

(State the grounds on which this claim is made)

10. I hereby apply to be registered as a citizen of Saint Christopher and Nevis

I, _____

do solemnly and sincerely declare to that the foregoing particulars stated 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 the Citizenship Act (No. 1 of 1984).

(Signature of Applicant)

(Signature of Spouse)

Made and subscribed this _____ day of _____ 20 _____

before me _____

(Name and signature of witness)

at _____

(Address)

*To be witness by: (Judge, Magistrate, Notary Public, Commissioner of Oaths, Justice of the Peace, Consular Officer or other person duly authorised).

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

"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 a material particular or recklessly makes a statement which is false 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 imprisonment for three months or to both such fine and imprisonment."

EXPLANATORY NOTES:

This application is to be made by the following persons:

A person who is married to a citizen, or a person who is married to a Commonwealth Citizen who is ordinarily resident in Saint Christopher and Nevis and has been so resident for a period of fourteen years immediately preceding the date of this application or by a person who is married to a person who, having been a citizen, has renounced his or her citizenship, or a person who is married to a person who, but for his or her renunciation of citizenship, would have become a citizen by virtue of Section 90 of the Constitution, or a person who became a citizen by virtue of Section 90 of the Constitution, but whose marriage to that person has been terminated by dissolution at any time before 19th September 1983, after having subsisted for at least three years.

Paragraphs 4 and 9 to be completed only where applicable.

NB: Requirement for Citizenship through Marriage application.

- i) Application Form
- ii) Marriage Certificate (Original or a certified Copy)
- iii) Birth Certificate of Husband and Wife (Originals or certified copies)
- iv) *EC\$500.00, if married before 19th September 1983
- v) *EC\$1,000.00, if married after 19th September 1983
- vi) Two (2) passport sized photos of applicant
- vii) Police Certificate (Original: from country of residence for past 6 months)
- viii) Certificate of Citizenship for Spouse (where applicable)
- ix) Divorce decree if either spouse was previously married (where applicable)

(*Fees are payable when Certificate is issued)



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

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	