GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS

Ministry of National Security, Citizenship and Immigration

Saint Christopher and Nevis Citizenship (Adult Applications and Forms) Regulations, 2026

FORM D.2 (Regulation 9)	**APPLICATION FOR REGISTRATION AS A CITIZEN OF SAINT CHRISTOPHER AND NEVIS UNDER SECTION 3A(2) OF THE ACT** *Parent pathway — parent who became a citizen under section 90(a), (b), (c) or (f) or section 91 of the Constitution, or under section 3(2) of the Act*

Please complete in BLOCK CAPITALS in black ink. Answer every question; write "N/A" where a question does not apply. Attach originals or certified copies of every document listed. Applications may be lodged at the Ministry in Basseterre, at the Federal Office in Charlestown, or at any Embassy, High Commission or Consulate of Saint Christopher and Nevis.

Fee: XCD 1,350.00 (Schedule 3) — non-refundable; inclusive of the administration of the oath of allegiance and the issue of one certificate of registration. Police certificates are required in accordance with regulation 12.

PART A — THE APPLICANT

1. Full name (as in passport):

2. Any other name used, with reason for change:

3. Date of birth:

	Place of birth (town, country)

4. Sex: _____ Marital status: _____

5. Present nationality or nationalities, with passport numbers:

6. Residential address:

7. Postal address, e-mail address and telephone number:

8. Every country, and every state or province of a federal country, in which I have resided for one year or more since the age of sixteen, and my country of citizenship, with dates:

Country / State	Address	From	To

9. Occupation and employer:

10. Have you ever applied for, held, or been refused citizenship of Saint Christopher and Nevis or of any other country? ☐ No ☐ Yes — give particulars:

PART B — THE QUALIFYING PARENT

11. Full name of parent: ☐ Mother ☐ Father

12. Date and place of birth of parent:

13. If deceased, date and place of death (if known; no death certificate is required):

14. The parent named above became, or would but for death have become, a citizen of Saint Christopher and Nevis under— (tick one, and complete the corresponding part of paragraph 15)

☐ (a)(i) section 90(a) of the Constitution — born in Saint Christopher and Nevis and a British citizen or British Dependent Territories citizen immediately before 19 September 1983

☐ (a)(ii) section 90(b) of the Constitution — registered, naturalised or adopted in Saint Christopher and Nevis before 19 September 1983

☐ (a)(iii) section 90(c) of the Constitution — born abroad, a British citizen or British Dependent Territories citizen immediately before 19 September 1983, and the child of a person who became a citizen under section 90(a), (b) or (d)

☐ (a)(iv) section 90(f) of the Constitution — a British citizen or British Dependent Territories citizen immediately before 19 September 1983, and the grandchild of a person who became a citizen under section 90(a) or (b)

☐ (b) section 91 of the Constitution — born on or after 19 September 1983 in Saint Christopher and Nevis, or born abroad to a parent who was a citizen under section 90(a), or born abroad to a citizen in the service of the Government

☐ (c) section 3(2) of the Act — born in Saint Christopher and Nevis before Independence, not being on 19 September 1983 a British citizen, a British Dependent Territories citizen or a citizen of the United Kingdom and Colonies, and registered as a citizen under section 3(2) of the Act

15. Particulars of the ancestor through whom the parent's own citizenship arises (complete where (a)(iii), (a)(iv) or (b) is ticked): full name _____ relationship to parent _____ date and place of birth _____ provision under which that ancestor became a citizen _____

16. Particulars of the parent's registration under section 3(2) of the Act (complete where (c) is ticked): date:

	certificate number

PART C — CHARACTER AND SECURITY

17. Criminal convictions or pending proceedings in any country: ☐ No ☐ Yes — particulars:

18. Bankruptcy in any country, with date, circumstances and discharge: ☐ No ☐ Yes — particulars:

19. Deportation, refusal of entry or refusal of visa: ☐ No ☐ Yes — particulars:

20. Sanctions, asset freeze or travel ban: ☐ No ☐ Yes — particulars:

PART D — DOCUMENTS FURNISHED (tick each)

☐ My birth certificate showing the names of both parents

☐ Birth certificate of the parent named in Part B

☐ Where (a)(iii), (a)(iv) or (b) is ticked: birth certificate of the ancestor named in paragraph 15, and of each intermediate person in the line of descent

☐ Where (a)(ii) is ticked: certificate of registration, naturalisation or adoption of the parent

☐ Where (c) is ticked: certificate of registration of the parent under section 3(2) of the Act

☐ Marriage certificate(s), deed poll or other record of every change of name in the line of descent

☐ Police certificates as required by regulation 12

☐ Current passport (certified copy of biographical page) and two passport-size photographs

☐ Authenticated translation of every document not in English

☐ Secondary evidence under regulation 11, if any (list): .....

21. I hereby apply to be registered as a citizen of Saint Christopher and Nevis under section 3A(2) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05. I consent to the making of such enquiries, and the sharing of my personal data with such domestic, regional and international authorities, as are necessary for the national security review required by section 3A(4) of the Act, and I undertake to pay the cost of any advanced due diligence determined by the Minister under regulation 16.

DECLARATION

I, _____ , do solemnly and sincerely declare that the particulars stated in this application are true and correct, that the documents furnished with it are genuine, and I make this solemn declaration conscientiously believing the same to be true, under and by virtue of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05.

I acknowledge that I am responsible for ascertaining any consequence that citizenship of Saint Christopher and Nevis may have under the law of any other country of which I am a citizen or national, and that the Government of Saint Christopher and Nevis gives no advice on the nationality law of any other country.

Signature of Applicant	Date (day / month / year)

Made and subscribed this _____ day of _____ 20 _____

Before me (signature of witness):

Name, capacity, address and official stamp of witness:

**To be witnessed by a Judge, Magistrate, Notary Public, Commissioner for Oaths, Justice of the Peace, Consular Officer of Saint Christopher and Nevis, or other person authorised under regulation 39.*

CAUTION

Section 16(1) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05 provides that any person who, for the purpose of procuring anything to be done or not to be done under the Act or under Chapter VIII of the Constitution, makes any statement which he or she knows to be false in a material particular, or recklessly makes a statement which is false in a material particular, commits an offence. A registration obtained by false representation, fraud or wilful concealment of material facts is liable to be revoked under section 8 of the Act, and a false declaration may be prosecuted under the Perjury Act, Cap. 4.23.

FOR OFFICIAL USE ONLY

Date received	Fee receipt No.	Acknowledged
CVO report	NSR completed	ADD required: Y / N Decision
Oath taken	Register entry No.	

C3

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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** ____ ____ ____ *Day* *Month* *Year*	**A5. Gender** ☐ *Male* ☐ *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? ☐ *Yes* ☐ *No*
B11. Have you been hospitalised in the last five years? ☐ *Yes* ☐ *No*
B12. Have you visited a doctor in the last three years other than for routine check-ups? ☐ *Yes* ☐ *No*
B13. Do you suffer or have you ever suffered from tuberculosis, hepatitis, typhoid or any other communicable diseases? ☐ *Yes* ☐ *No*
B14. Do you suffer or have you ever suffered from AIDS or AIDS related conditions or any immune deficiency syndromes? ☐ *Yes* ☐ *No*
B15. Do you suffer or have you ever suffered from any nervous or mental illness or disorders? ☐ *Yes* ☐ *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? ☐ *Yes* ☐ *No*	
C19. Respiratory system - Any signs of abnormalities, including nose and lungs? ☐ *Yes* ☐ *No*	

C20. Cardiovascular system - Any signs of abnormalities, including pulse, blood pressure, heart murmurs? ☐ *Yes* ☐ *No*
C21. Digestive organs and abdomen - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C22. Urogenital organs - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C23. Nervous system and sense organs - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C24. Musculoskeletal system - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C25. Endocrine system - Any signs of abnormalities, including thyroid? ☐ *Yes* ☐ *No*
C26. Various - Any other signs of abnormalities? ☐ *Yes* ☐ *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	

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