GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS

Ministry of National Security, Citizenship and Immigration

Saint Christopher and Nevis Citizenship (Marriage and Child Applications) Regulations, 2024 (S.R.O. No. 21 of 2024)

FORM MC.1 Regulations 6 and 7	**APPLICATION FOR REGISTRATION AS A CITIZEN OF SAINT CHRISTOPHER AND NEVIS BY THE SPOUSE OF A CITIZEN** *Section 92(1)(a) of the Constitution — spousal application*

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; copies certified outside Saint Christopher and Nevis must carry the notarial certificate in Schedule I to the Regulations and, where the country is a party to the Hague Convention, an Apostille. Documents not in English must be accompanied by an authenticated translation. 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 1,000.00 — non-refundable (regulation 7(2)). This form must be completed personally by the applicant, who must be at least eighteen years of age (regulations 6 and 7(5)).

The application must be accompanied by the affidavit of support of the citizen spouse on Form MC.2, and by police certificates from every city, state or country in which the applicant resided during the three years preceding this application (regulation 7(3) and (4)).

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:

	Present nationality or nationalities, with passport numbers

5. Residential address:

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

7. Occupation and employer:

8. Every city, state or country in which I have resided during the three years preceding this application, with dates:

City / State / Country	Address	From	To

9. 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 MARRIAGE

10. Date of marriage:

	Place of marriage (town, country)

11. Marriage certificate number and issuing registry:

12. Address of the matrimonial home:

13. Do you and your spouse live together at the matrimonial home? ☐ Yes ☐ No — if no, explain:

14. Previous marriages of the applicant (name of former spouse, date of marriage, and date and manner in which it ended):

15. Previous marriages of the citizen spouse (name of former spouse, date of marriage, and date and manner in which it ended):

16. Children of the marriage (names and dates of birth):

PART C — THE CITIZEN SPOUSE

17. Full name of spouse:

18. Date of birth of spouse:

	Place of birth (town, country)

19. Provision under which the spouse is a citizen of Saint Christopher and Nevis, and passport or certificate number:

20. Did your spouse obtain citizenship under section 3(5) of the Act (citizenship by investment)? ☐ No ☐ Yes

PART D — STATUS OF THE MARRIAGE

21. Tick each statement that applies, and give particulars below:

☐ None of the following applies — the marriage is subsisting and we live together as husband and wife

☐ My spouse and I have separated

☐ There is a deed of separation in respect of the marriage

☐ Divorce proceedings are pending in respect of the marriage

☐ Annulment proceedings are pending, or the marriage has been annulled

☐ There are past or pending legal proceedings between my spouse and me, including domestic violence or criminal proceedings

Particulars:

PART E — CHARACTER AND SECURITY

22. Have you ever been convicted of a criminal offence in any country, or are criminal proceedings pending against you? ☐ No ☐ Yes — give particulars:

23. Have you ever been adjudged or declared bankrupt in any country? ☐ No ☐ Yes — give particulars:

24. Have you ever been deported from, refused entry to, or refused a visa for any country? ☐ No ☐ Yes — give particulars:

25. Have you ever been the subject of a sanction, asset freeze or travel ban imposed by any State or international body? ☐ No ☐ Yes — give particulars:

PART F — DOCUMENTS FURNISHED (tick each)

- ☐ My birth certificate showing the names of both parents
- ☐ Marriage certificate
- ☐ Evidence of my spouse's citizenship (passport biographical page, certificate of citizenship or registration)
- ☐ Affidavit of support sworn by my spouse on Form MC.2
- ☐ Police certificates from every city, state or country listed in paragraph 8
- ☐ Current passport (certified copy of biographical page) and two passport-size photographs taken within the last six months
- ☐ Evidence of the dissolution of any previous marriage of either spouse (decree absolute or equivalent)
- ☐ Marriage certificate, deed poll or other record of any change of name
- ☐ Authenticated translation of every document not in English

26. I hereby apply to be registered as a citizen of Saint Christopher and Nevis under section 92(1)(a) of the Constitution. I confirm that I did not enter into my marriage for the primary purpose of obtaining citizenship. I consent to interviews of my spouse and me, together or separately, to random checks at our matrimonial home or place of residence in Saint Christopher and Nevis, and to such enquiries as a Marriage Verification

Officer considers necessary, and I undertake to pay the cost of any due diligence background check determined by the Minister under regulation 10.

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 at _____ this _____ day of _____ 20_____

Before me (signature of witness):

Name, capacity, address and official stamp of witness:

To be signed in the presence of a Judge, Magistrate, Notary Public, Commissioner for Oaths or Justice of the Peace in Saint Christopher and Nevis, or, outside Saint Christopher and Nevis, a consular officer of Saint Christopher and Nevis or a person authorised by the law of the place to administer an oath.

CAUTION

Under regulation 12 of the Regulations, an application may be refused where the applicant makes a false statement or omits information requested on this form. Where the applicant or his or her spouse is subsequently found to have provided false or incorrect information, the applicant may be deprived of citizenship under section 8(a) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05, and may be prosecuted under the Perjury Act, Cap. 4.23. Section 16(1) of the Act makes it an offence knowingly or recklessly to make a statement which is false in a material particular.

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Date received	Fee receipt No.	Acknowledged
MVO report	Due diligence required: Y / N	Decision
Oath taken	Register entry No.	Certificate No.

GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS

Ministry of National Security, Citizenship and Immigration

Saint Christopher and Nevis Citizenship (Marriage and Child Applications) Regulations, 2024 (S.R.O. No. 21 of 2024)

FORM MC.2 Regulation 7(4)	**AFFIDAVIT OF SUPPORT BY CITIZEN SPOUSE** *To accompany a spousal application on Form MC.1*

To be completed and sworn by the citizen spouse before a person authorised to administer oaths. Complete in BLOCK CAPITALS in black ink.

No fee is payable in respect of this affidavit.

1. I (full name of deponent):

2. of (address):

3. Date of birth:

	Place of birth (town, country)

make oath and say as follows:

4. I am a citizen of Saint Christopher and Nevis by virtue of (state the provision and attach evidence):

5. My citizenship of Saint Christopher and Nevis was not obtained by false pretence, fraud or other unlawful action, and was not obtained under section 3(5) of the Act.

6. I am the spouse of (full name of applicant):

7. We were married on (date):

	at (place)

8. The marriage is subsisting and we live together at:

9. There is no separation, deed of separation, divorce or annulment proceedings, or other legal proceedings (including domestic violence or criminal proceedings) between the applicant and me, save as follows (state "none" if none):

10. I support the application of the applicant named above to be registered as a citizen of Saint Christopher and Nevis, and the facts stated in that application are, to the best of my knowledge and belief, true.

Signature of deponent	Date (day / month / year)

SWORN at _____ this _____ day of _____ 20_____

Before me (signature of person administering the oath):

Name, capacity, address and official stamp:

To be signed in the presence of a Judge, Magistrate, Notary Public, Commissioner for Oaths or Justice of the Peace in Saint Christopher and Nevis, or, outside Saint Christopher and Nevis, a consular officer of Saint Christopher and Nevis or a person authorised by the law of the place to administer an oath.

CAUTION

Under regulation 12 of the Regulations, an application may be refused where the applicant makes a false statement or omits information requested on this form. Where the applicant or his or her spouse is subsequently found to have provided false or incorrect information, the applicant may be deprived of citizenship under section 8(a) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05, and may be prosecuted under the Perjury Act, Cap. 4.23. Section 16(1) of the Act makes it an offence knowingly or recklessly to make a statement which is false in a material particular.

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Government of St. Kitts & Nevis

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** ____ ____ ____ *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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