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.3 Regulations 13 to 15	**APPLICATION FOR REGISTRATION OF A CHILD AS A CITIZEN OF SAINT CHRISTOPHER AND NEVIS** *Section 92(1)(g) of the Constitution — child under eighteen of a citizen*

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 14(2)). The application must be received by the Ministry before the child's eighteenth birthday (regulation 14(1)). A person aged eighteen or over who is the child of a citizen should apply on Form D.2 under the 2026 Regulations.

This form must be signed by the child personally if he or she is sixteen or seventeen years of age, or by the parent, guardian or legal representative if the child is under sixteen (regulation 15). It must be accompanied by the affidavit of support of the citizen parent on Form MC.4 (regulation 14(3)).

PART A — THE CHILD

1. Full name of child (as in passport or birth certificate):

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 of child:

6. The child is the ☐ biological child ☐ legally adopted child of the citizen parent named in Part C. If adopted, give the date, court and number of the adoption order:

PART B — THE CHILD'S PARENTS

7. Full name of mother:

8. Mother's date and place of birth:

	Mother's nationality or nationalities

9. Full name of father:

10. Father's date and place of birth:

	Father's nationality or nationalities

PART C — THE CITIZEN PARENT

11. The citizen parent is the child's ☐ mother ☐ father

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

13. Did the citizen parent obtain citizenship under section 3(5) of the Act (citizenship by investment)? ☐ No ☐ Yes

PART D — THE PERSON MAKING THE APPLICATION

14. This application is made by ☐ the child (aged 16 or 17) ☐ the mother ☐ the father ☐ a guardian (attach order) ☐ a legal representative (attach authority)

15. Full name, address, telephone and e-mail of the person making the application (if not the child):

PART E — CHILD AGED SIXTEEN OR SEVENTEEN ONLY

16. Every city, state or country in which the child has resided since the age of sixteen, with dates:

City / State / Country	Address	From	To

17. Has the child ever been convicted of a criminal offence in any country, or are criminal proceedings pending against the child? ☐ No ☐ Yes — give particulars:

18. Has the child ever been deported from, refused entry to, or refused a visa for any country? ☐ No ☐ Yes — give particulars:

PART F — DOCUMENTS FURNISHED (tick each)

☐ Child's birth certificate showing the names of both parents

☐ Adoption order (if the child is adopted)

☐ Evidence of the citizen parent's citizenship (passport biographical page, certificate of citizenship or registration)

☐ Affidavit of support sworn by the citizen parent on Form MC.4

☐ Guardianship order or written authority of the legal representative (if applicable)

☐ Child's passport (certified copy of biographical page) and two passport-size photographs taken within the last six months

☐ Police certificates from every city, state or country listed in paragraph 16 (child aged 16 or 17 only)

☐ Marriage certificate, deed poll or other record of any change of name

☐ Authenticated translation of every document not in English

19. I hereby apply for the registration of the child named in Part A as a citizen of Saint Christopher and Nevis under section 92(1)(g) of the Constitution. I consent to the child attending an interview, in the presence of a parent, guardian or legal representative, if required, and I undertake that the cost of any due diligence background check determined by the Minister under regulation 17 will be borne by the parent, guardian or legal representative.

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 for the child 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 the child (where the child is 16 or 17)	Date (day / month / year)

Signature of parent, guardian or legal representative (where the child is under 16)	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 18 of the Regulations, an application may be refused where the child applicant or his or her parent makes a false statement or omits information requested on this form. Where false or incorrect information is subsequently found to have been provided, the child may be deprived of citizenship under section 8(a) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05, and the parent 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.4 Regulation 14(3)	**AFFIDAVIT OF SUPPORT BY CITIZEN PARENT** *To accompany a child application on Form MC.3*

To be completed and sworn by the citizen parent 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 ☐ mother ☐ father ☐ adoptive parent of the child named below:

Full name of child:

	Date of birth of child

7. I support the application for the registration of the child 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 18 of the Regulations, an application may be refused where the child applicant or his or her parent makes a false statement or omits information requested on this form. Where false or incorrect information is subsequently found to have been provided, the child may be deprived of citizenship under section 8(a) of the Saint Christopher and Nevis Citizenship Act, Cap. 1.05, and the parent 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.

C3

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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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