



REPUBLIC OF TRINIDAD AND TOBAGO

RGD 14A

APPLICATION FOR COMPUTERIZED BIRTH CERTIFICATE

A person is entitled to only one (1) free Birth Certificate.

Notice: For Mail in applicants the free birth certificate will be delivered free of charge to a Trinidad and Tobago postal address only. The person receiving the Certificate is required to produce their valid Trinidad and Tobago government issued ID.

ALL INFORMATION MUST BE WRITTEN IN CAPITAL LETTERS

NOT FOR SALE

PART I - APPLICANT INFORMATION (TO BE COMPLETED BY THE PERSON REQUESTING THE BIRTH CERTIFICATE)

Type of Service:	<input type="checkbox"/> MAIL IN	<input type="checkbox"/> WALK IN	State the purpose for which the Certificate is required
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First Name	Surname
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ADDRESS
 Mail In (home or office)
 Walk In (home)

Telephone Number Between 8:00 am to 4:00 pm	Type of Identification	Number
	ID <input type="checkbox"/> DP <input type="checkbox"/> PP <input type="checkbox"/>	

Are you applying for your own Birth Certificate? If not, please state your relationship to the person who owns the Birth Certificate.
 Yes No Relationship:

Please Note :

- ▶ If you are applying for a Birth Certificate which is NOT yours nor your child's you must submit a letter of authorization from the owner of the Birth Certificate together with a copy of their valid government issued ID.
- ▶ All Mail in applications must include a photocopy of a valid government issued ID. Mail In applications are for the first free Birth Certificate only.

PART II - BIRTH CERTIFICATE INFORMATION AS REGISTERED AT THE TIME OF BIRTH

First Name	Middle Names
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Date of Birth	Day	Month	Year	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Place of Birth - Full address or Name of Hospital

Mother's First Name

Mother's Current Surname	Mother's Maiden Name
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Father's First Name	Father's Surname
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TO AVOID DELAY: Complete all sections clearly
 Be sure you are authorized to make the request
 Be sure your address and telephone number are correct
 We may be unable to issue the birth certificate if the information provided is incomplete or inaccurate

.....
Date of Application

.....
Signature of Person applying for Birth Certificate
(by signing this application you are certifying that you are legally entitled to, or are authorized to apply for the Certificate)

FOR OFFICIAL USE ONLY			
Registration No.	Certificate No.	Comments	Processed By
Date Posted (DD/MM/YY)			

INSTRUCTIONS OVERLEAF