

# INSTRUCTIONS FOR APPLICATION FOR DEATH CERTIFICATE

*(Please Read Carefully)*

1. Submit completed Application Form for the Computerized Death Certificate.
2. Submit one (1) copy of a VALID form of photo identification (eg. Bio-data page of Passport *or* Permanent Resident Card *or* Driver License *or* ID Card).

## **FEES (One Money Order per Application) (PERSONAL CHECKS ARE NOT ACCEPTED)**

Diplomatic Fee – US\$2.00

Death Certificate Fee – US\$6.00

Postage Fee – \$25.00 *(Subject to change without change)* – Applies to applicants who reside within Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas

Postage Fee – \$35.00 *(Subject to change without change)* – Applies to applicants who reside outside of the above listed States

**NOTE:** The Diplomatic Fee, Death Certificate Fee and Postage Fee may be combined into one (1) Money Order made payable to:- **Consulate General of Trinidad and Tobago** *(Do not abbreviate)*

**Mail your application form, supporting documents and fees to:-**

### **CONSULAR SECTION**

**Trinidad and Tobago Consulate General**

**1000 Brickell Avenue, Suite 800**

**Miami, FL 33131**

**Attn: Death Certificates**

**APPROXIMATE TIME FOR RECEIPT OF DEATH CERTIFICATES IS 8-10 WEEKS**



**Government of the Republic of Trinidad and Tobago**

**Consulate General, Miami**

**APPLICATION FOR DEATH CERTIFICATE**

I hereby apply for a Computerized Death Certificate from the Registrar General's Office, Port of Spain, Trinidad and Tobago. Particulars are as follows:-

**NAME OF DECEASED**.....

**MAIDEN NAME OF DECEASED** (if applicable).....

**DATE OF DEATH**.....  
(DATE) (MONTH) (YEAR)

**PLACE OF DEATH**.....  
(Local District/Hospital)

**MY ADDRESS AND TELEPHONE CONTACT IN THE UNITED STATES OF AMERICA ARE:**

**STREET** .....

**CITY** .....

**STATE AND ZIP CODE** .....

**TELEPHONE** (.....).....

**DATE** .....

.....  
**NAME OF APPLICANT (PRINT)**

.....  
**SIGNATURE OF APPLICANT**

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**FOR OFFICIAL USE**

**Consulate Receipt No.**.....

**Dated**.....