

INSTRUCTIONS FOR LETTER OF AUTHORIZATION

FREE COMPUTERIZED BIRTH CERTIFICATE

(Please Read Carefully)

1. Submit completed Letter of Authorization for the Free Computerized Birth Certificate.
2. Submit one (1) Notarized Copy of a VALID form of photo identification (eg. bio-data page of Passport *or* Permanent Resident Card *or* Driver License or ID Card).
3. Submit your Original Handwritten Birth Certificate *(if available)* and one (1) copy. **In the absence of your Original Handwritten Birth Certificate -Notarized copies of any two (2) forms of VALID identification as listed above, must be submitted. (Any Affidavit, Deed Poll or Name Change Document must also be submitted)**
4. Applicable to WOMEN ONLY (Married/Divorced/Separated/Widowed) -Submit one (1) copy of Marriage Certificate for each marriage and one (1) copy of Divorce Decree for each divorce.

FEE (One Money Order per Applicant)

Diplomatic Fee – US\$2.00

POSTAGE FEE

USPS Priority Mail – US\$12.15

NOTE: The Diplomatic Fee and Postage Fee may be combined into one (1) Money Order for **\$14.15** made payable to:- Consulate General of Trinidad and Tobago

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

**Trinidad and Tobago Consulate General
1000 Brickell Avenue, Suite 800
Miami, FL 33131
Attn: Birth Certificates**

APPROXIMATE TIME FOR RECEIPT OF BIRTH CERTIFICATES IS 6-8 WEEKS



Consulate General of the Republic of Trinidad and Tobago

Tel: (305) 374- 2199
Fax: (305) 374- 3199
Email: Consulatemiami@foreign.gov.tt

1000 Brickell Avenue
Suite 800
Miami, FL 33131

LETTER OF AUTHORIZATION

TO: Registrar General's Department, Ministry of The Attorney General and Legal Affairs, Port of Spain, Trinidad and Tobago.

Dear Sir/Madam,

This letter serves to authorize the Trinidad and Tobago Consulate General in Miami to request on my behalf, a **FREE** Computerized Birth Certificate, currently being offered by the Government of the Republic of Trinidad and Tobago to all nationals.

Particulars of the Applicant are as follows:-

NAME.....

DATE OF BIRTH.....
(DATE) (MONTH) (YEAR)

PLACE OF BIRTH.....
(DISTRICT/COUNTY)

FATHER'S NAME.....

MOTHER'S FULL MAIDEN NAME.....

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

STREET

CITY.....

STATE.....

ZIP CODE.....

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

.....
SIGNATURE OF APPLICANT

.....
DATE