

## INSTRUCTIONS FOR LETTER OF AUTHORIZATION

### PAID COMPUTERIZED BIRTH CERTIFICATE

*(Please Read Carefully)*

1. Submit completed Letter of Authorization for the Paid 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 copy of Birth Certificate (*if available*) and one (1) additional copy. **In the absence of the 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

Birth Certificate Fee – US\$6.00

#### **POSTAGE FEE**

USPS Priority Mail – US\$12.15

**NOTE:** The Diplomatic Fee, Birth Certificate Fee and Postage Fee may be combined into one (1) Money Order for **\$20.15** 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](mailto: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 **PAID** copy of the Computerized Birth Certificate.

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**