



**Consulate General of the Republic of Trinidad and Tobago**  
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## **GUIDELINES FOR APPLYING FOR A BIRTH CERTIFICATE BY MAIL**

### **A. GENERAL GUIDELINES**

1. A birth certificate can **only** be provided for persons who were born in Trinidad and Tobago.
2. This document is issued by the Registrar General's Department, Ministry of Legal Affairs in Port-of-Spain, Trinidad and Tobago.
3. **ALL** fees are to be paid by **Money Order only** and made payable to "**Consulate General of Trinidad and Tobago**" (No Checks or Cash accepted).
4. The cost for obtaining the **first issue** of the computerized birth certificate through this Consulate General is \$5.00 (\$0.00 for the certificate and \$5.00 for the service charge).
5. The cost for obtaining additional issue(s) of the computerized birth certificate through this Consulate General is \$11.00 (\$6.00 for the certificate and \$5.00 for the service charge).

For example:    **a.** One Certificate - \$11 (\$6 certificate fee + \$5 service fee)  
                      **b.** Two Certificates - \$17 (\$12 certificate fee + \$5 service fee)

6. The certificate(s) **MUST** be collected from the Consulate General within three (3) years from the date of application. After three (3) years the certificate(s) will be destroyed.
7. Kindly ensure that the application is complete. The following **will** cause delays in processing the application:-
  - No signature on forms
  - Photocopies are not clear
  - Handwriting is difficult to read
  - Incorrect fees submitted
  - Incorrect information on the form
  - Mailed in applications are **not** notarized
  - No photo ID is provided or the photo ID is expired or unusable
8. The parent/Third Party **must** apply for the computerized birth certificate for persons under 18 years of age.
9. An Apostille can be requested on the certificate at no additional cost, at the time of submission of the application.

## **B. DOCUMENTS REQUIRED TO APPLY FOR A BIRTH CERTIFICATE BY MAIL**

1. Two (2) completed Authorization Forms (**must be notarized**).
2. Two (2) completed Application Forms.
3. Two (2) notarized copies of a **VALID** photo identification (ID must be legible).  
(Example: Driver's License, State Identification Card, Alien Registration Card, Passport or Certificate of Citizenship from Trinidad and Tobago **or** US).
4. Two (2) notarized copies of relevant documentation where the applicant has undertaken a name change e.g. Marriage Certificate, Deed Poll, Divorce document, court name change document etc.
5. A money order for fees (see **Section A3 to A5** above).
6. Two (2) copies of a previous birth certificate **IF** you have it. Providing a copy of the previous birth certificate normally speeds up the application process.
7. Persons with an affidavit attached to their previous birth certificate must submit a copy.
8. **DO NOT MAIL ORIGINAL SUPPORT DOCUMENTS** only notarized copies.
9. All certificate would be mailed to you, include postage fees or a prepaid envelope (see **Section D**).

## **C. APPLICATION PROCESS**

1. On receipt of the completed application and fees the certificate is ordered through the Registrar General's Department online system.
2. The birth record is checked for errors, printed in Trinidad and mailed to the Consulate General in New York. This process takes **approximately** six (6) to eight (8) weeks.
3. Applicants are also **encouraged** to check on the status of the birth certificate with the Consulate General via the following:-
  - by contacting the officers at 212-682-7272 x 1106 or 1124
  - by sending an email to [cgnycertificates@foreign.gov.tt](mailto:cgnycertificates@foreign.gov.tt).

## **D. RETURNED MAILING OPTIONS (Choose one)**

1. Mail a money order for US\$15.00 (FedEx postage fee, delivery in 2 - 3 business days). If selected, someone needs to be available to sign for the package.
2. Mail a **PREPAID RETURNED** United States Postal Service (USPS) Priority or Express Mail Envelope or Prepaid UPS **or** FedEx envelope.



**REPUBLIC OF TRINIDAD AND TOBAGO  
APPLICATION FOR COMPUTERIZED BIRTH CERTIFICATE**

**ALL INFORMATION MUST BE WRITTEN IN CAPITAL LETTERS**

<b>PART I - APPLICANT INFORMATION (TO BE COMPLETED BY THE PERSON REQUESTING THE BIRTH CERTIFICATE)</b>			
<b>Type of Service:</b>		State the purpose for which the Certificate is required	
<input type="checkbox"/> MAIL IN	<input type="checkbox"/> WALK IN		
First Name		Surname	
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 <input type="checkbox"/> No <input type="checkbox"/> Relationship:			
<b>Please Note :</b>			
<ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ All Mail in applications must include a photocopy of a valid government issued ID.</li> </ul>			
<b>PART II - BIRTH CERTIFICATE INFORMATION AS REGISTERED AT THE TIME OF BIRTH</b>			
First Name		Middle Names	
Date of Birth	Day	Month	Year
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth - Full address or Name of Hospital			
Mother's First Name			
Mother's Current Surname		Mother's Maiden Name	
Father's First Name		Father's Surname	
<b>TO AVOID DELAY:</b> 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)			

**NOT FOR SALE**



Web# \_\_\_\_\_

Date \_\_\_\_\_

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**AUTHORISATION TO REQUEST A COMPUTERIZED BIRTH CERTIFICATE**

**SECTION A – APPLICANT INFORMATION**

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail : \_\_\_\_\_

Valid I.D. : \_\_\_\_\_  
(Type, number, place of issue, expiration date)

**SECTION B – AUTHORISATION**

**Apostille Stamp** Yes  /No

I, hereby authorize the **Consulate General of the Republic of Trinidad and Tobago in New York** to request on my behalf, a Computerized Certificate (first issue/ additional issue(s) from the Registrar General’s Department in Port of Spain, Trinidad, W.I. for myself / other \_\_\_\_\_ (Name and relationship of other person).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Signature & Stamp: \_\_\_\_\_  
(If applicable)

<b><u>FOR OFFICIAL USE</u></b>	
<b>Fee:</b>	_____
<b>Receipt No.:</b>	_____
<b>Date:</b>	_____

**NB: This document must be NOTARIZED.**