



Consulate General of the Republic of Trinidad and Tobago
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THIRD PARTY AUTHORISATION FORM – OTHER SERVICES

NAME OF APPLICANT: _____
(Please PRINT name)

I hereby authorize **Ms./Mrs./Mr.** _____
 to collect my: (please tick the appropriate box/es) (Please PRINT name)

- | | |
|---|--|
| <input type="checkbox"/> Certificate of T & T Citizenship | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Notarized document | <input type="checkbox"/> Adoption Certificate |
| <input type="checkbox"/> Emergency Certificate | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Death Certificate ino _____ |

He/she will present his/her valid **original and one clear (black and white) photocopy of their**
 ID# _____ together with the relevant receipt(s) for fees paid.

A clear (black and white) photocopy of my ID _____
(Please indicate ID number and type e.g., ID card, Driver License, Passport etc.)
 is attached.

My address is: _____

Tel. No.: _____

Email: _____

Signature: _____

Date: _____

**Notary
 Signature
 & Stamp:** _____



Instruction: This document must be notarized