REPUBLIC OF TRINIDAD AND TOBAGO

RGD 14A

APPLICATION FOR COMPUTERIZED BIRTH CERTIFICATE

A person is entitled to only one (1) free Birth Certificate.

Notice: For Mail in applicants the free Birth Certificate will be delivered free of charge to a Trinidad and Tobago postal address only. The person receiving the Certificate is required to produce their valid Trinidad and Tobago government issued ID.

ALL INFORMATION MUST BE WRITTEN IN CAPITAL LETTERS

PART I - APPLICANT INFORMATION (TO BE COMPLETED BY THE PERSON REQUESTING THE BIRTH CERTIFICATE)

Type of Service: ☐ MAIL IN ☒ WALK IN	State the purpose for which the Certificate is required: REGISTRATION OF DEATH
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: ID ☐ DP ☐ PP ☐ Number

Are you applying for your own Birth Certificate? If not, please state your relationship to the person who owns the Birth Certificate.

Yes ☐ No ☐ Relationship:

Please Note:

- 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.
- All Mail in applications must include a photocopy of a valid government issued ID. Mail in applications are for the first free Birth Certificate only.

PART II - BIRTH CERTIFICATE INFORMATION AS REGISTERED AT THE TIME OF BIRTH

First Name	Middle Names
Date of Birth Day Month Year	Sex ☐ Male ☐ 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

TO AVOID DELAY:

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)			

INSTRUCTIONS OVERLEAF