Registry of Civil Status

<u>Application for a Vital Record</u>

SAINT LUCIA

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1. Applicant Information

First Name: _____   Last Name: _____

Relationship to the subject: ☐ Mother   ☐ Father   ☐ Sister   ☐ Brother   ☐ Other:_____

Mailing address: _____

Telephone: _____   Email Address: _____

NIS #: _____   Other form of ID: _____

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2. Subject Information

Last Name: ⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞

First Name: ⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞⊞

Middle Name(s): _____

Date of birth (dd/mm/yyyy): ___ / ___ / ___   Place of birth: _____   Sex(M/F): _____

Mother's name: _____   Maiden name: _____

Mother's alias : _____

Father's name: _____   Father's alias: _____

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3. Type of Certificate

☐ Birth: enter number of copies_____   ($8 per copy)

☐ Baptism: enter number of copies_____   ($8 per copy)

☐ Death: enter number of copies_____   enter date of death (dd/mm/yyyy): _____ ($5 per copy)

☐ Burial: enter number of copies_____   enter date of burial (dd/mm/yyyy): _____ ($6 per copy)

☐ Adoption: enter number of copies_____   enter date of adoption (dd/mm/yyyy): _____ ($8 per copy)

enter names of adoptive parents: _____

Signature:_____   **Date:**_____

Explanation Notes
You must be at least 18 years of age to apply. Personal information collected on this form will be used to provide certified copies of civil registry records, to verify the information provided, and for security purposes. It is an offense to willfully make a false statement on this form. Questions may be directed to: The Assistant Registrar, Registry of Civil Status, Castries, St. Lucia.

1. Applicant Information
This is information about yourself (the person completing the application form), and must be the same person who is submitting the form to the Registry of Civil Status.

First Name, Last Name	-	Enter your full first and last names
Relationship to the subject	-	Select the relationship between yourself and the person named on certificate. If other relationship, then enter the type of relationship for example Guardian.
Mailing address	-	Enter the mailing address, or the nearest local post office to where you live.
Telephone	-	Full telephone number (include area code if phone is listed outside of St. Lucia)
Email Address	-	Optional.
NIS #, Other form of ID	-	Enter your NIS number. If you do not have an NIS card, then enter another form of ID such as Passport and the passport number, or Driver's License and Driver's License number if available. Your photo id must be shown when submitting this application

2. Subject Information
This is information about the person who is named on the certificate.

First Name, Last Name	-	Enter the full first and last names of the subject. If the person is (or was) married, enter the maiden name as the last name.
Middle Name(s)	-	Enter all known middle names of the subject
Date of birth	-	Enter the subject's date of birth in the form shown. For example if the person was born on the 22nd of October 1979, then enter 22/10/1979
Place of birth	-	Enter the place of birth if known. For example Victoria Hospital, St. Jude's Hospital.
Mother's name	-	Enter the full legal name of the mother of the subject
Maiden name	-	If the mother is married, enter her maiden name
Mother's alias	-	Enter any known aliases of the mother, that is any other names that the mother may be known as
Father's name	-	Enter the full name of the father as listed on the certificate if known
Father's alias	-	Enter any known aliases of the father

3. Type of Certificate
In this section select the type(s) of certificates you are applying for, as well as the number of copies of each type of certificate. If ordering a death, burial, or adoption certificate, also enter the additional information indicated. **Note the following:**
- The maximum number of copies of a certificate that can be applied for at any one time is TWO
- Certificate costs are as listed. However an additional amount will be charged if a detailed search for the record is required or if application is made for an emergency certificate.

Signature, Date: By signing the form you authorize the Registry of Civil Status to issue the requested information, and consent to the Government of St. Lucia verifying the collected information from any other sources that may be necessary. You also indicate that you are aware that it is an offence to willfully make a false statement on this form.