



Consulate General of Saint Lucia
630 Third Avenue, 7th Floor, New York, NY 10017
Tel: (212) 697-9360 Fax: (212) 697-1993

APPLICATION FOR CERTIFICATE OF IDENTITY

I, the undersigned _____ residing at

(U.S. Address)

(Telephone)

hereby declare that I am Saint Lucian citizen, having been born at _____

on _____ and make application for a Certificate of Identity.

PERSONAL DETAILS

Occupation/Profession: _____

Height: _____ Colour of Eyes: _____

Colour of Hair: _____ Marital Status: _____

Address (Saint Lucia): _____

Mother's Name: _____

Father's Name: _____

Signed _____ Date _____