



CONSULATE GENERAL OF SAINT LUCIA

**REQUEST FOR PROOF OF NIC - PERSONS PREVIOUSLY REGISTERED
(INSTRUCTION GUIDE)**

1. **Surname:** Enter Last Name
2. **Given Names:** Enter Christian Names as in the order that appear on birth certificate/change of name document
3. **Previous Name Used:** Only applies if you changed your name from what appears on your birth certificate.
4. **Surname:** Enter Last Name
5. **Given Names:** Enter Christian Names as in the order that appear on birth certificate
6. **Maiden Name:** Only applies to married women, enter your name at birth (before marriage).
7. **Date of Birth:** Enter Date of Birth
8. **Gender:** If Male enter **Male**; If Female, enter **Female**.
9. **Marital Status:** If Single enter **Single**; If Married, enter **Married**; ; If Divorced, enter **Divorced**, ; If Widowed, enter **Widowed**.
10. **Name of Spouse:** If married, enter name of spouse; if unmarried, enter n/a.
11. **Date of Marriage:** If married, enter date of marriage. ; if unmarried, enter n/a.
12. **Current Address:** Enter where you currently reside in Canada. Please ensure you include your complete postal address (include City, Province and Postal Code).
13. **Address (Saint Lucia):** Enter where you resided when you lived in Saint Lucia. Example, Sans Souci, Castries.
14. **Employment (Saint Lucia):** Enter places in **Saint Lucia** where you were employed in Saint Lucia.
15. **NIC Number:** Enter NIC number from SLU ID card if known, if unknown leave blank
16. **Passport Number:** Enter passport number
17. **Date of Issue:** Enter Date Passport was Issued
18. **Date of Expiry:** Enter Date Passport Expired
19. **Purpose of Request:** If passport renewal circle Renewal; if passport lost, circle Replacement.
20. **Signature of Applicant:** Sign here **Date:** Enter date signed
21. **Signature of Witness:** **Consulate Staff will sign here.**



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Full Name of Applicant			
Surname		Given Name(s)	
Previously Used Names			
Surname		Given Name(s)	
Maiden Name (if applicable)	Date of Birth DD MM YYYY	Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Name of Spouse (if applicable)		Date of Marriage (if applicable) DD MM YYYY
Full Address in Canada Address City Province Postal Code			Telephone Number
Address in Saint Lucia			
Employment History in Saint Lucia			
NIC Number (if known)			
Passport Number	Date of Issue DD MM YYYY		Date of Expiry DD MM YYYY
Purpose of Request: <input type="checkbox"/> Passport Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> Other			

Signature of Applicant

Date

Signature of Witness

Date