

CONSULATE GENERAL OF SAINT LUCIA

APPLYING FOR A SAINT LUCIA MARRIAGE CERTIFICATE REGISTRY OF CIVIL STATUS APPLICATION FOR VITAL RECORD(S) FORM

Persons who were married in Saint Lucia and would like to apply for marriage certificates must submit the following to the Registry of Civil Status in Saint Lucia:

- 1. Completed civil status application for vital record(s) form
- 2. Name of marriage officer who performed the marriage, if known.
- 3. Certified copy of **valid** photo identification.
- Fee of USD\$5.00 (per marriage certificate)
 Fee can be paid by Cash (notes only NO coins)
 NOT ACCEPTABLE: personal or bank cheques, bank or wire transfers, coins (no toonies/loonies, etc.)
 NOT ACCEPTABLE: MoneyGram, Western Union or postal money orders
 NOTE: Canadian Money orders (bank and post office) are not accepted because they are not micro-encoded.
- 5. URGENT delivery, include a FedEx prepaid package and return label. Keep a copy of the tracking information and ensure that the address on the waybill is complete and accurate.

REGULAR delivery (Saint Lucia Postal Service - processing time of 2-4 weeks), MUST submit an additional payment of USD\$5.00.

Please mail forward all requirements to: The Registrar Registry of Civil Status Brazil Street Castries Saint Lucia W.I Telephone Number: 758 468 3195

Contact E-mail: civilstatusregistry@gmail.com





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INSTRUCTION GUIDE FOR APPLICATION FOR VITAL RECORD(S) FORM

PART 1	APPLICANT'S INFORMATION
First name:	Enter christian name(s).
Last name:	Enter surname.
Residential Address:	Enter residential postal address.
Employment Address:	Enter employment postal address.
Cell Phone #:	Enter cellular/mobile telephone number.
Home #:	Enter home telephone number.
Work #:	Enter work telephone number.
Email Address:	Enter email address.
NIC #:	Enter Saint Lucia NIS/NIC number, if known. (Applies to Saint Lucian Nationals only).
Form of ID:	Enter type of valid photo ID provided with application. For example, if providing a certified
	copy of a Provincial driver's licence, enter "Driver's licence". If providing a providing a
	certified copy of a passport, enter "Passport".
Are you the:	Select (tick) who the person applying for the marriage certificate is, if you are applying on
	behalf of someone, state your relationship to the bride or groom. Leave blank, if you are
	applying for your own marriage certificate.
PART 2	WEDDING INFORMATION
Date of Wedding:	Enter Date of Wedding (Format: DD/MM/YYYY).
Parish/Hotel:	If married in church Enter Parish, for example, Castries or Gros Islet.
	If married in a hotel, Enter name of hotel.
Church/Denomination/Other:	Enter name of Church or Denomination. If Church/denomination do not apply, enter Other.
PART 3	BRIDE'S INFORMATION
Last name:	Enter surname.
First name:	Enter first name(s).
Middle name(s):	Enter middle name(s).
Date of Birth:	Enter Date of Birth (Format: DD/MM/YYYY)





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PART 4	GROOM'S INFORMATION
Last name:	Enter surname.
First name:	Enter first name(s).
Middle name(s):	Enter middle name(s).
Date of Birth:	Enter Date of Birth (Format: DD/MM/YYYY)
PART 5	CERTIFICATE INFORMATION
PART 5 Citation:	CERTIFICATE INFORMATION Leave Blank
Citation:	Leave Blank
Citation:	Leave Blank Enter number of copies of marriage certificate you require

Registrar Rectification:

I hereby authorize the Registrar/Adjudicator of the Civil Status Registry to Amend/Rectify if necessary the above mentioned vital record(s) of the subject.

Signature:	Enter your signature
Date:	Enter date signed (Format: DD/MM/YYYY)



	gistry of Civil Status pplication for Vital Record(s)	For Official Use Application Clerk: Time: Cashier's Signature: Amt: Time: Receipt No.:		
1. Applicant's Information				
First Name: Last Name:				
Residential Address:				
Employment Address:				
		_ Email Address:		
Are you the: Mother 🗌 Father	Sister Brother Other			
2. Wedding Information Date of Wedding (dd/mm/yyyy):/ Parish/Hotel				
Church/Denomination/Other:				
3 Bride's Information				
Last Name				
First Name:				
Middle Name(s):	Date of	of Birth (dd/mm/yyyy)://		
4. Groom's Information				
Last Name:				
First Name:				
Middle Name(s):	Date of	of Birth (dd/mm/yyyy)://		
5. Certificate Information Citation:				
Number of copies	(USD\$5.00 per	copy)		
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Registrar's Rectification: I hereby Authorize the Registrar/Adjudicator of the Civil Status Registry to Amend/Rectify (if necessary) the above mentioned vital record(s) of the subject. Signature: Date:				