



EMBASSY OF SAINT LUCIA
1629 K Street, NW, Suite 1250
Washington, DC 20006
Telephone: (202) 364-6792
Fax: (202) 364-6723
E-mail: embassydc@gosl.gov.lc

**REQUIREMENTS FOR OBTAINING AN EMERGENCY TRAVEL
CERTIFICATE/CERTIFICATE OF IDENTITY**

1. Birth Certificate with accompanying Saint Lucia Identification Card or expired passport. Please send original documents.
2. Original Marriage Certificate and/or Original Divorce Decree (*if applicable*)
3. Original Deed Poll (*if applicable*)
4. Two recent passport-sized photographs.
5. Copy of ticket or travel itinerary (*for emergency travel documents only*).
6. Processing Fees: **US\$20.00 (one week processing)**. All fees are payable in the form of a Cashier's Cheque or Money Order, to the "**EMBASSY OF SAINT LUCIA**".
Personal cheques and cash are not acceptable forms of payment.

N.B. THE ABOVE DOCUMENTS MUST BE SENT VIA CERTIFIED MAIL. PLEASE ALSO INCLUDE A SEPARATE US\$15 (\$25 IF LIVING IN THE USVI OR OUTSIDE THE CONTINENTAL U.S.) MONEY ORDER FOR THE SAFE RETURN OF YOUR DOCUMENTS VIA FEDEX PRIORITY OVERNIGHT.



EMBASSY OF SAINT LUCIA
1629 K Street, NW, Suite 1250
Washington, DC 20006
Telephone: (202) 364-6792
Fax: (202) 364-6723
E-mail: embassydc@gosl.gov.lc

APPLICATION FOR EMERGENCY TRAVEL CERTIFICATE/CERTIFICATE OF IDENTITY

I, undersigned, _____ residing at

 (US Address)

 (US Address Continued) (Telephone Number)

hereby declare that I am a Saint Lucian citizen, having been born at _____
 on _____, hereby make this application for an Emergency Travel
Certificate or Certificate of Identity for the purpose of travelling to **SAINT LUCIA**
 via _____ on _____ by _____
 (State of Connecting Flight) (Date) (Airline/Flight#)

PERSONAL DETAILS FOR EMERGENCY TRAVEL CERTIFICATE/CERTIFICATE OF IDENTITY

Occupation/Profession: _____
 Height: _____ *Feet* _____ *Inches* Sex: _____
 Colour of Hair: _____ Colour of Eyes: _____
 Special Peculiarities: _____
 Date of Birth: _____ Place of Birth: _____
 Marital Status: _____
 Address (Saint Lucia): _____
 Mother's Name: _____ Father's Name: _____

 Signature of Applicant
 Date: _____