**APPLICATION FOR CONSULAR SERVICES**

**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename:** |  |
| **Applicant Address:** |  |
|  | **Postcode:** |  |
| **Service required:** | **Certified Copy** | **£30 󠄃󠄃** | **Apostille** | **£30 󠄃󠄃** | **UK Apostille** | **£50󠄃 󠄃󠄃** |
| **Search Fee** | **£10 󠄃󠄃** | **Letter** | **£15 󠄃󠄃** | **Return Postage\*** | **£10 󠄃󠄃** |
| **E-mail Address:** |  |
| **Telephone No:** |  | **Date of Application:** |  |
| **Payment Amount:** |  | **Payment Method:**  |  |

**All applications should be sent to:**

Consular Department

Antigua and Barbuda High Commission

45 Crawford Place

LONDON

W1H 4LP

Applicants who have not paid for return postage will be have items sent by Royal Mail standard delivery.

\*Return postage is via Royal Mail Special Delivery or International Track and Signed Delivery.

**OFFICIAL USE ONLY:**

**Received: Notes:**

**Completion:**