



Consulate of Belize

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BELIZE CONSULAR IDENTIFICATION APPLICATION

I.D.#: FL _____ Date Issued: _____ Expiration Date: _____

Last Name: Mr. Miss Mrs. _____

First Name & Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ E-Mail: _____

Place of Birth: _____ Date of Birth: _____

Height: _____ feet _____ inches

Weight _____ lbs

Color of hair: _____ Color of eyes: _____

Photo

Signature (within but not touching edges of box):

FOR OFFICIAL USE ONLY

Applicant's B/C# _____

Applicant's Marriage Certificate# _____

Applicant's Passport # _____

Other _____