

OAS FORM FOR THE DESIGNATION OF CENTRAL AUTHORITY – ANTIGUA AND BARBUDA

I. MANDATORY INFORMATION

A. DESIGNATION OF CENTRAL AUTHORITY

INTERAMERICAN CONVENTION(S): Inter-American Convention on International Return of Children				
NATIONAL ORGAN/ENTITY: Office of the Attorney General				
DEPARTMENT/OFFICE:	TELEPHONE:			
MAILING ADDRESS:	CITY:	STATE:	POSTAL CODE:	COUNTRY:

II. OPTIONAL INFORMATION

A. INSTITUTIONAL INFORMATION

WEBSITE:	PERMANENT EMAIL ADDRESS:	FAX NUMBER:
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B. CONTACT PERSON

LAST NAME(S):	FIRST NAME:	MIDDLE NAME:	SUFFIX:	
MAILING ADDRESS:	CITY:	STATE:	POSTAL CODE:	COUNTRY:
EMAIL ADDRESS:	TELEPHONE :			
LANGUAGES OF COMMUNICATION:				

C. ADDITIONAL INFORMATION

1. DESIGNATION OF STATE/ LOCAL CENTRAL AUTHORITY

STATE/LOCAL ORGAN/ENTITY:				
DEPARTMENT:	TELEPHONE:	EMAIL ADDRESS:		
MAILING ADDRESS:	CITY:	STATE:	POSTAL CODE:	COUNTRY:
CONTACT PERSON:				

2. OTHER RELEVANT INFORMATION

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