FOR OFFICIAL USE Personal Registration number

MINISTRY OF INTERIOR – DIRECTORATE OF CIVIL REGISTRY THE REPUBLIC OF CYPRUS CITIZENSHIP LAW APPLICATION FOR THE REGISTRATION OF A BIRTH OF A PERSON BORN IN A FOREIGN COUNTRY

| PARTICULARS | 1.Name | | 2.Surname | |
|------------------------|--|-------------------|----------------------|-------------------------|
| OF THE CHILD | | | | |
| | | | | |
| | 3.Date of Birth | | 4. Place of Birth | |
| | // | | - | |
| | 5. Sex (Male/Female) | <u> </u> | 6. Time of Birth | |
| | | | (in case of twins) | |
| PARTICULARS | 7. Name | | 8. Surname | |
| OF THE FATHER | | | | |
| | 9. Identity Card No. | 10. Date of Birth | 11. Place of Birth | |
| | | | | |
| | | // | | |
| | 12. Passport or Certificate of Citizenship No. | | 13. Citizenship | |
| | 14. Date of Marriage | | 15. Marriage (1st, 2 | 2nd etc.) |
| | | / | 15. Marriage (1°, a | 2 ', etc.) |
| PARTICULARS | 16. Name | | 17. Maiden Name | |
| OF THE | | | | |
| MOTHER | | | | |
| | 18. Identity Card No. | 19 Date of Birth | 20. Place of Birth | |
| | | // | | |
| | 21. Passport or Certificate of Citizenship No. | | 22. Citizenship | |
| | | | | |
| | 23. Date of Marriage | | 24. Marriage (1st, 2 | 2 nd , etc.) |
| DADENTS | 25. City | // | 26. Country | |
| PARENTS RESIDENTIAL | 25. City 26. Country | | | |
| ADDRESS | 27. Residence's Street and Number | | 20. Dootel Code | 20. Talanhana |
| | 27. Residence's Street and N | umber | 28. Postal Code | 29. Telephone |
| APPLICATION | I hereby apply for the registration of the birth of the child, in the records of the Directorate of Civil Registry, whose particulars are stated in this application | | | |
| DECLARATION | I do solemnly and sincerely declare the relation with the child foregoing Relation with the child | | | |
| | particulars are stated in this application are true. | | | |
| | Full Name | | | |
| | Identity Card No. | Date | Signature | <u> </u> |
| | | // | | |
| | Made and subscribed before me. | | | |
| | Full Name | | | |
| | Signature and Seal Judge/Registrar/Consular Officer or other person authorized to set in this respect. | | | |
| | | | | |
| FOR OFFICIAL USE | Date// | | | |
| . OR OTTICIAL OSL | Registration Date | | | |