**FOR OFFICIAL USE ONLY (VI.2013)**

Certificate no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATUS:**

**Application for Ashukov Citizenship**

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| **NOTE:** The information you provide should not be limited by the space allowed to answer a question. If you need more space, attach a separate sheet of paper. Indicate the number of the question you are answering. |

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Gender: ☐Male ☐Female 4. Date of birth:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

5. Marital status: ☐Single ☐Married ☐Widowed ☐Divorced

6. Place of birth (town/city and country):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Current residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. To your knowledge, what citizenship(s) do you currently hold? List all:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Which language(s) are you able to understand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Which State would you prefer to obtain citizenship in?

☐Aetos ☐Akharnes ☐Dorién ☐Dradelia ☐Montania

**11. SIGNATURE OF APPLICANT**

**I agree to advise the Ashukov Ministry of Home Affairs if any information on this form changes before I take the Oath of Citizenship. I understand the content of this form. I declare that the information provided is true, correct, and complete. I understand that if I make a false declaration, or fail to disclose all information material to my application, I could lose my Ashukov citizenship and be charged under the *Citizenship Act*.**

 (Sign inside the white box in black ink only)

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_