

APPLICANT'S FORM

(Very confidential)

REGISTRY/CODE..... ENTRY \_\_\_\_\_

APPLICANT NAME (FIRST, MIDDLE&SURNAME) \_\_\_\_\_

SEX: MALE [ ] FEMALE [ ]

DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_

PLACE OF BIRTH: HOSPITAL [ ] CLINIC [ ] MATERNITY HOME [ ] HOUSE [ ]

TOWN \_\_\_\_\_

MOTHER'S NAME (FIRST, MIDDLE &SURNAME) \_\_\_\_\_

AGE \_\_\_\_\_

NATIONALITY \_\_\_\_\_

FATHER'S NAME (FIRST, MIDDLE & SURNAME) \_\_\_\_\_

AGE \_\_\_\_\_

RELIGION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

INFORMANT \_\_\_\_\_

INFORMANT'S RELATIONSHIP TO THE APPLICANT \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TO BE FILLED BY THE REGISTRATION OFFICER IN CHARGE

DATE OF REGISTRATION (DD/MM/YYYY) \_\_\_\_\_

DRA \_\_\_\_\_

RRA \_\_\_\_\_

MARGIN.....