SAMPLE ENTRY

FULL NAME:	LAST (surname/family)		FIRST
DATE OF BIRTH:	Day, Month, Year		
PLACE OF BIRTH:			
	City/Town, District/C	County/Province, Country	
APPLICANT'S NAT	VE COUNTRY <u>IF DIFF</u>	ERENT FROM COUNTR	<u>Y OF BIRTH</u> :
		······································	······
(See "REQUIREME	NTS" section on page 1 for	more information on this	item.)
,	D PLACE OF BIRTH	OF THE APPLICANT'	'S SPOUSE AND CHILDREN
(IF ANY)			
Name	Date of	birth(day,month,year)	Place of birth
		······································	
Name	Date of	birth(day,month,year)	Place of birth
Name		birth(day,month,year)	Place of birth
Name At	Date of ach information on addi	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name	Date of ach information on addi	birth(day,month,year)	Place of birth ssary.
Name At	Date of ach information on addi	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
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Name At	Date of ach information on addi	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name At	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth
Name At	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name At	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name At	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name At FULL MAILING PHOTOGRAPH:	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.
Name At FULL MAILING PHOTOGRAPH: SIGNATURE:	Date of ach information on addi ADDRESS:	birth(day,month,year) tional child(ren) as neces	Place of birth ssary.