

AFFIDAVIT

I the undersigned
of (place of abode)..... Tel. No.
holder of Cyprus Identity Card No.and Passport No.*
hereby declare on oath the following:

NAME

.....
(In capital letters)

Date of birth: Sex:

Place of birth:
(Town (Quarter) / Village)

Single, Twin:

Name and Surname of father:
(In capital letters)

Date of birth or age of father:

Father's Identity Card No:Father's Passport No:*

Religion:

Date or year of Marriage:

Name, surname and maiden surname of mother:
.....
(In capital letters)

Date of birth or age of mother:

Mother's Identity Card No:Mother's Passport No:*

Number of children (including this child) born alive to this mother during her marriage:
.....

(*photocopies must be attached)

.....
The Affiant