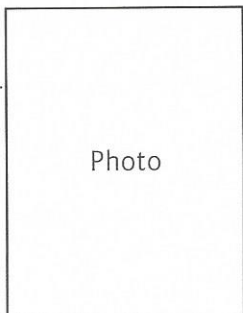




Republic of South Sudan
Ministry of Interior
Directorate of Nationality, Passports and Immigration

Application for South Sudan Nationality Certificate by Birth
Form I(A)

Warning: giving false information is considered a crime in accordance with the South Sudan Nationality Act, 2011 and exposes the applicant and his/her witness to legal action.



Photo

Place of Application..... Date:...../...../20.....

Put check mark (√) where applicable.

Type of Certificate: New Replacement Alteration

If not new application, provide Certificate Number:.....

Place and date of issuance:.....

A) Statement of Applicant

1. Surname:.....
2. Given Names:.....
3. Father's full name:.....
4. Mother's full names:.....
5. Sex: Male Female
6. Marital Status: Single Married Divorced Widowed
7. Date of Birth: Day...../Month...../Year.....
8. Place of Birth:.....
9. Place of Origin: State:..... County:..... Payam:..... Boma:.....
10. Place of birth of applicant's father: Date:..... State:..... County:..... Payam:.....
11. Place of residence of paternal ancestors: State:..... County:..... Payam:.....
12. Place of residence of maternal ancestors: State:..... County:..... Payam:.....
13. Occupation:..... Place of Work:.....
14. Residential address:..... Tel. No:.....

Signature of applicant testifying to correctness of the information provided:

15. Signature:..... Date:...../...../20.....

B) Witness:

1. Surname:..... Given Names:.....
2. Passport/ID No:..... Place of issues:.....
Date of issue:..... Expiry Date:.....
3. Witness address:..... Tel. No:.....
4. Occupation:.....
5. Work address:.....
6. Relation to applicant:.....

By signing below, the witness testifies to the correctness of applicant details provided.

7. Signature:..... Date:.....

C) Recommendation of Boma Authorities

1. Full Name:.....
2. Title:.....
3. Signature and Stamp:.....

D) Recommendation of Payam Authorities

1. Full Name:.....
2. Title:.....
3. Signature and Stamp:.....

E) Recommendation of County Authorities

1. Full Name:.....
2. Title:.....
3. Signature and Stamp:.....

For official use:

F) Verification:

1. Computer verification (If Applicable):.....
.....
.....
2. Name, rank, signature and stamp of verifier:.....

J) Attachment:

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K) Enclosures:

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.....

L) Approving Authority:

- 1) Rank and name:.....
- 2) Place of work:.....
- 3) Authorization number:.....
- 4) Date:...../...../20..... Decision:.....
- 5) Stamp and signature:.....

M) Fee:

1. Fee:.....
2. Date of Receipt:...../...../..... Receipt No.:.....
3. Name, signature and stamp of accountant:.....

N) For operations office:

1. Date of issue:..... Certificate No.:.....
2. Rank and Name:.....
3. Signature and stamp:.....