



EMBASSY OF THE REPUBLIC OF UGANDA
WASHINGTON, D.C.

CITIZENSHIP VERIFICATION

1. PARTICULARS OF APPLICANT

Full Names of Applicant:

Country of Residence:

Date of Birth:

DAY MONTH YEAR

Place of Birth:

VILLAGE/TOWN SUB-COUNTY COUNTY DISTRICT

Applicant's tribe/nationality:

2. PARTICULARS OF APPLICANT'S PARENTS

Full Names of Father:

Country of Residence:

Date of Birth:

DAY MONTH YEAR

Place of Birth:

VILLAGE/TOWN SUB-COUNTY COUNTY DISTRICT

Father's tribe/nationality:

Full Names of Mother:

Maiden Name:

Country of Residence:

Date of Birth:

DAY MONTH YEAR

Place of Birth:

VILLAGE/TOWN SUB-COUNTY COUNTY DISTRICT

Mother's tribe/nationality:

3. CITIZENSHIP OF UGANDA

[a] By Descent:

(i) Give details of clan/generations of origin

(ii) Name two (2) contemporary descendants

(iii) If born outside Uganda, explain circumstances (e.g. parent's employment abroad, etc.)

[b] By Birth:

(i) Birth Certificate Number Issued by

(ii) Attach Birth Certificates of Parents.

(iii) State country of origin and previous nationality of parents