

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 (*Male / Female*):
Place of Birth (*Town (Quarter) / Village*):
Single, Twin:

Name and Surname of Father (*in capital letters*):
.....
Place and 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*):
.....
Place and 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:

.....
The Affiant