

SERIAL NO. **154958**



FORM "B"

CITIZENSHIP VERIFICATION
(To be completed by all fresh applicants)

1. Particulars of applicant

Full names of applicant.....
Country of residence.....
Village, Sub-county and date of birth.....
.....
County and District of birth.....
Applicant's tribe/ nationality.....

2. Particulars of applicant's parents

Full names of father.....
Country of residence.....
Village, Sub-county and date of birth.....
.....
County and District of birth.....
Father's tribe/ nationality.....
Full names of mother.....
Maiden Name.....
Country of residence.....
Village, Sub-county and date of birth.....
.....
County and District of birth.....
Mother's tribe/ nationality.....

3. Citizenship of Uganda

(a) By Descent.

- (i) Give details of clan/ generations of origin.....
.....
- (ii) Name two contemporary descendants.....
.....
- (iii) If born outside Uganda, explain circumstance (i.e Parent's employment outside)
.....

(b) By birth (attach birth certificate if available)

- (i) Birth certificate Number..... issued by.....
- (ii) Attach birth certificate of parents
- (iii) State country of origin and previous nationality of parents
.....

P.T.O

(c) By Registration

- (i) Attach photocopy of registration
- (ii) State date of renunciation of previous citizenship.....
- (iii) Previous nationality

(d) By naturalization

- (i) Attach photocopy of Naturalization Certificate
 - (ii) State country of origin
- (Delete (a), (b), (c) or (d) whichever does not apply)*

4. Declaration

I, the undersigned, hereby apply for the issue of a Ugandan Passport, I declare that:

- (i) The information given in this form is correct to the best of my knowledge and belief.
- (ii) I fully understand the legal implications of what I have stated above and as such I do accept any legal consequences that may arise out of what I have stated on this form.

Signature: Date:

5. Recommendation

I certify that to the best of my knowledge and belief, the facts stated on this form are correct and that the applicant was born in my area of jurisdiction.

..... Local Council I Local Council II
..... Local Council III Date

I certify that to the best of my knowledge and belief, the facts stated on this form are correct.

Date:
Resident District Commissioner
(Official Stamp)

NOTES:

- (i) This form to be completed by all fresh applicants who wish to acquire Uganda Passports.
- (ii) Applicants falling under section 3(b) should attach relevant birth certificates