

QUESTIONNAIRE

Name in full: _____

Present Address: _____

Daytime telephone number: _____

Place of birth: _____

Date of birth: _____

Passport No: _____ issued at _____ on _____

Marital status: (Single/Divorced/Widowed) _____

The names of the following relatives:

	Your relatives	Future spouses' relatives
FATHER'S NAME		
MOTHER'S NAME		
MOTHER'S MAIDEN NAME		

Name and address of person to whom Certificate of No Impediment should be sent:

I, the undersigned, declare that the above information is correct to the best of my Knowledge and belief.

Date: _____ Signature: _____