



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 .....