

**AFFIDAVIT**

I the undersigned .....  
of (place of adobe)..... 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: .....

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

- Photocopies must be attached