

CITIZENSHIP CEREMONIES REQUIREMENTS FORM

This is to be completed and sent back as soon as possible.

1. Surname: KULARATNE First name: AMILA	Date of ceremony: 26 06 2910 Time of ceremony: 10 30 AM
Home office reference NO. 3. Contact Tel	lephone NO.
025070995 078-1774	40168
DO YOU WISH TO EITHER:	
A) Swear the Oath of Allegiance?	
B) Affirm the Oath of Allegiance, Or	
C) Don't mind whether you Swear or Affirm the oath	?
5. If you have children who are becoming citizens, please let us know the names of those attending. (Leave blank if you will collect on child's behalf)	
6. Number of guests (max 2 per citizen)	
Each citizen is allowed to bring up to two guests. Children under the age of 5 will not be	
permitted into the ceremony, whereas they can wait out	side and join for photos after.
PLEASE RETURN THIS FORM VIA EMAIL or POST AS SOON AS POSSIBLE. Citizenship@essex.gov.uk	
Survey question (not currently in place) – After the cere	amony has concluded there is the
opportunity to take photographs with the dignitaries, would you prefer to take your own, or have an official photographer to purchase the pictures at a later date?	
Take your own	Purchase professional photos
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