

CITIZENSHIP VERIFICATION REVIEW FORM**1. Applicants Personal Information**

Applicant ID:..... Sex:.....
Surname:.....
Given Names:.....
Other Names :.....
Date of Birth:..... Tribe:.....

2. Parents Place of Birth

Father: Tribe:..... DoB:.....
Clan:.....
District:..... County:.....
Sub-county:..... Parish:.....
Village:.....
Mother: Tribe:..... DoB:.....
Clan:.....
District:..... County:.....
Sub-county:..... Parish:.....
Village:.....

3. Reject Reason
.....**4. Findings of the Citizenship Verification Team**
.....
.....

Citizenship Type: ☐ By Birth ☐ By Registration
☐ By Naturalization ☐ Dual Citizenship

5. Decision reached

Citizenship ☐ Approved ☐ Rejected ☐ Deferred

Supporting Document(s) (specify).....
.....

6. Clearance

a) Name:..... Title:.....
Signature:..... Date:.....
b) Name:..... Title:.....
Signature:..... Date:.....



LC1CHAIRPERSON/RELATIVES'S RECOMMENDATION

VILLAGE	PARISH	SUB-COUNTY	COUNTY	DISTRICT

APPLICANT'S DETAILS

SURNAME	DATE OF BIRTH
GIVEN NAME	TRIBE
OTHER NAME	CLAN
TEL CONTACT	No YEARS LIVED HERE

MOTHER

FATHER

SURNAME	SURNAME
GIVEN NAME	GIVEN NAME
OTHER NAME	OTHER NAME
TRIBE	TRIBE
CLAN	CLAN
NATIONAL ID No	NATIONAL ID No
LIVING STATUS <input type="radio"/> ALIVE <input type="radio"/> DECEASED <input type="radio"/> UNKNOWN	LIVING STATUS <input type="radio"/> ALIVE <input type="radio"/> DECEASED <input type="radio"/> UNKNOWN

Blood Relative (Where Both Parents and Grandparents are Deceased)

SURNAME	
GIVEN NAME	
OTHER NAME	
RELATION TO APPLICANT	
NATIONAL ID No	

I, Declare that the information above pertaining to the applicant and particulars above are true and correct and that I, know this of my own knowledge.(attach a signed copy of relative's National ID)

Signature..... Date

☐ Approved ☐ Doubted ☐ Non-Citizen

LC1 CHAIRPERSON



GISO/PISO

DISO

NAME	NAME	NAME
NIN	NIN	NIN
DATE	DATE	DATE
SIGN	SIGN	SIGN

Attach copies of National IDs for at least one parent if living status is alive or blood relative if both parents deceased!





REPUBLIC OF UGANDA
NATIONAL ID CARD


SURNAME
ONEK


GIVEN NAME
PAUL AWIL

<small>NATIONALITY</small>	<small>SEX</small>	<small>DATE OF BIRTH</small>
UGA	M	28.04.1955

<small>NIN</small>	<small>CARD NO.</small>
CM55071102Y24E	006034768

DATE OF EXPIRY
28.03.2025

HOLDERS SIGNATURE




Ministry of Health
P. O. Box 7272 Kampala Uganda