



CONSULATE GENERAL OF INDIA  
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CHICAGO, ILLINOIS 60611, USA

00-1-312-5950405, <https://www.cgichicago.gov.in>



21-2002583242

**APPLICATION FOR SURRENDER OF INDIAN PASSPORT/CITIZENSHIP**

Generated On: 7/22/2021, 9:09:30 PM

**SURRENDER DETAILS**

Application Reference Number	21-2002583242
Reason for Surrender	<b>ACQUIRING FOREIGN NATIONALITY/ RENUNCIATION OF INDIAN CITIZENSHIP</b>
Applicant's Nationality	USA
Foreign Nationality Acquisition Date (DD/MM/YYYY)	01/10/2019
Foreign Passport Number	652429946



Paste your  
unsigned  
recent color  
photograph  
Size 2"x2"

**PASSPORT DETAILS**

Passport Number	<b>M5564392</b>
Date of Issue (DD/MM/YYYY)	22/01/2015
Date of Expiry (DD/MM/YYYY)	21/01/2025
Place of Issue	AHMEDABAD



**Note:** Please paste your unsigned recent color photograph Size 2"x2" and Signature/Left Hand Thumb Impression in the box provided above.

**APPLICANT DETAILS**

Applicant's Name	<b>SONA PATEL</b>
Date of Birth (DD/MM/YYYY)	30/03/1994
Place of Birth (Village/Town/City)	MEHSANA
District	MEHSANA
State/UT	GUJARAT
Country	INDIA
Gender	FEMALE
Marital Status	MARRIED
Educational Qualification	GRADUATE AND ABOVE
Visible Distinguishing Mark	

**FAMILY DETAILS**

Father's Name	VINODKUMAR DAHYALAL PATEL
Mother's Name	KOKILABEN VINODKUMAR PATEL
Legal Guardian's Name	
Spouse's Name	BHAVESH PATEL
Spouse's Nationality	USA

**PRESENT RESIDENTIAL ADDRESS**

Address	2216 LAKE WOODS WAY STOUGHTON, WISCONSIN 53589
Country	USA

Mobile/Tel No.

7125351860

E-mail

SONUVPATEL94@GMAIL.COM

**EMERGENCY CONTACT DETAILS**

Name and Address

BHAVESH PATEL - 2216 LAKE WOODS WAY,  
STOUGHTON WISCONSIN 53589 USA

Mobile/Tel No.

3098688240 / 6082083895

**SELF DECLARATION****I declare:**

- That the information given by me in this form and the enclosures is true and I am solely responsible for its accuracy, and I am liable to be penalized or prosecuted if found otherwise. I am aware that under the Passports Act, 1967 it is a criminal offence to furnish any false information or to suppress any material information with a view to obtaining passport or travel document.

**I understand:**

- That Ministry of External Affairs (MEA) (or its implementation partner agencies/stakeholders/third parties) may undertake required checks to confirm the accuracy and authenticity of evidence I have provided and documents I have submitted with this application.
- That the information I provide, including biometric data (if any), will be treated in confidence, but it may be disclosed to other government departments, agencies, local authorities, foreign governments, and other implementation partner agencies/stakeholders/third parties to enable MEA or those bodies to perform their duties.
- That providing biometric information, if collected as part of an application, is confirmation of my consent to getting the biometric information checked to verify identity.
- That the Passport and related services applications may be handled by the Indian Mission/Post abroad/ Passport Office/other offices including outside of the country in which I have applied and that this may involve the transfer of my application and supporting documents to and from the respective offices.
- That my details may, in certain circumstances, be passed to Police, Intelligence and other Fraud Detection & Prevention agencies. I also understand that such agencies may provide related information about me to MEA.

Place STOUGHTON  
WISignature/Left Hand Thumb Impression of Applicant  
(If applicant is minor, either parent to sign)

Date 22/07/2021