

**CITIZENSHIP ACT, 1994
(Section 4)**

**APPLICATION FOR REGISTRATION
OF A CHILD AS A CITIZEN**

1. **FULL NAME
OF CHILD**
2. **PLACE AND
DATE OF
BIRTH OF CHILD**
(Attach certificate of birth)
3. **NATIONALITY
OF CHILD AT
BIRTH**
4. **NATIONALITY
OF CHILD
AT DATE
OF APPLICATION**
5. **ANY OTHER
NATIONALITY
OF CHILD
SINCE BIRTH**
6. **PRESENT
ADDRESS
OF CHILD**
7. **DETAILS OF
CHILD'S
RESIDENCE
SINCE BIRTH**
8. **CHILD'S KNOWLEDGE: CREOLE**
OF NATIONAL
LANGUAGES **ENGLISH**
FRENCH
(State whether Excellent/Good/Fair/Light/Nil)
9. **ASSOCIATION
OF CHILD WITH
SEYCHELLES:**
(Only in case of a child
whose parents are not citizens):
(State by descent, residence or other association)

10. **FULL NAME, DATE OF BIRTH AND ADDRESS OF FATHER OF THE CHILD:**
- (Attach certificate of birth of father)
-
11. **FULL NAME, DATE OF BIRTH AND ADDRESS OF MOTHER OF THE CHILD:**
- (Attach certificate of birth of mother)
-
12. **NATIONALITY OF FATHER OF CHILD:**
- (If dead, nationality at time of death)
13. **NATIONALITY OF MOTHER OF CHILD:**
- (If dead, nationality of time of death)
14. **FULL NAMES AND ADDRESS OF GUARDIAN OF CHILD:**
- (If application is by guardian)
-
15. **MODE OF APPOINTMENT OF GUARDIAN:** **LAST WILL/**
DECLARATION BEFORE JUDGE OR NOTARY/BY COURT
(Attach document in support)
16. **ANY PREVIOUS CONVICTIONS OF CHILD:**
- (If any give details)
17. **DATE OF ANY PREVIOUS APPLICATION UNDER THE ACT:**
- (If any)

I
(Name of applicant)

of
(Address)

being the parent/guardian of
(Name of child)

declare that:

(i) the information furnished by me in this application is true and correct; and

(ii) I apply on behalf of
(Name of child)

for registration of
(Name of child)

as a citizen of Seychelles.

I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of citizenship of Seychelles may result in deprivation of citizenship of the child.

Date: 19.....

.....
SIGNATURE OF PARENT/GUARDIAN

CERTIFICATE OF SPONSOR

I
(Name)

of
(Address)

Seychelles by birth and
(Designation or Occupation)

certify that
(Name of child)

is known to me, is of good character and is a fit and proper person to be granted Citizenship of Seychelles.
The particulars in the application are correct to the best of my knowledge and belief.

Date: 19.....

.....
SIGNATURE OF SPONSOR

CERTIFICATE OF SPONSOR

I
(Name)

of
(Address)

being a citizen of Seychelles by birth and
(Designation or Occupation)

certify that
(Name of child)

is known to me, is of good character and is a fit and proper person to be granted Citizenship of Seychelles.
The particulars in the application are correct to the best of my knowledge and belief.

Date: 19.....
SIGNATURE OF SPONSOR

Note: This application shall also be accompanied by the processing fee of SR500/- and a passport size photograph of the child.

FOR OFFICIAL USE

CERTIFICATE OF CITIZENSHIP OFFICER

I Citizenship Officer certify that
the application complies with the Act.

.....
CITIZENSHIP OFFICER

DECISION OF PRESIDENT/MINISTER

Date: 19.....
PRESIDENT/MINISTER

DATE OF GRANT OF CITIZENSHIP

NO OF CERTIFICATE OF REGISTRATION

.....
CITIZENSHIP OFFICER