



APPLICATION FOR CITIZENSHIP AND PASSPORT

Date of Application:					
Applicant Surname (Last):					
Applicant Given Names (First & Middle)					
Current Address:					
City:		State:		Zip / Postal Code:	
Country:					
Telephone:		Fax:			
Email Address:					

Date of Birth:		Place of Birth:			
Nationality:		Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Hair Color:
Color Eyes:		Height:		Weight:	
Profession:					
Occupation:					
Birth Name:					
Name of Father:					
Name of Mother:					
Professional Reference(s) (if applicable):					

Personal Reference(s):	
Bank Reference (if applicable):	
Brief statement why applicant wishes to become citizen of the Republic:	

Applicant Requires Driver's Permit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant Requires International Driver's Permit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant Requires I.D. Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ATTESTATION OF UNDERSTANDING AND CERTIFICATION OF INFORMATION.

Applicant understands that the Republic of New Lemuria ("Republic") accepts no responsibility for the position of any government with regard to any Republic passport and/or other identification documents. Applicant further declares that the information on this application is true and correct. Applicant hereby declares that he/she is familiar with the content found on the Republic of New Lemuria website at <http://www.newlemuria.org>, its Terms of Use and the Constitution of the Republic of New Lemuria.

IMPORTANT: Applicant under 16 years of age must have the Attestation of Understanding signed by a parent or guardian.

BY MY SIGNATURE HERETO, I CERTIFY THE FACTS STATED IN THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY MY SIGNATURE HERETO, I PROMISE TO LIVE ACCORDING TO THE PRINCIPLES, CONSTITUTION AND LAWS OF THE REPUBLIC OF NEW LEMURIA AND HEREBY TENDER MY IRREVOCABLE PROXY TO THE REPUBLIC'S HOUSE OF ELDERS TO VOTE ON MY BEHALF AT ALL FUTURE REPUBLIC ELECTIONS.

Signature: _____ **Date:** _____