Appendix 5 to the 125/1993. (IX. 22.) Government Decree

The Government Office of the Capital City Budapest Budapest

Request for verification of citizenship

Undersigned

Marital surname:IF NOT APPLICABLE, LEAVE BLANK given name(s):FIRST NAME + MIDDLE NAME
Surname at birth:LAST NAME given name(s):
Place of birth: (city/town)
(If Budapest, district number:)
Date of birth: year month day
Mother's maiden name:NAME AT BIRTH/BEFORE MARRIAGE (LAST NAME, FIRST NAME, MIDDLE NAME)
Permanent Address: (country) (city/town, zip code)
Postal address: (house number, street, etc.)
Phone number:
e-mail address:
request a citizenship certificate to be issued*
a) on the existence of Hungarian citizenship, (IF BASING CLAIM ON A HUNGARIAN ANCESTOR)
b) on the loss of Hungarian citizenship
c) of the fact that they are not a Hungarian citizen
d) with further information (existence of citizenship for a specified period of time, claim and date of acquisition of
citizenship) other:
Purpose of requesting proof of citizenship:PASSPORT REQUEST/ SCHOLARSHIP/FOREIGN EMPLOYMENT/ OTHER
Which authority do you want to use the certificate at:
(*Please underline as applicable) THIS IS MANDATORY. APPLICANT MUST UNDERLINE ONE OPTION.
I request the certificate to be sent to the following
addressADDRESS GIVEN HERE CAN ONLY BE AN ADDRESS IN HUNGARY
or foreign representationCONSULATE OR EMBASSY

I. Details of the person concerned by the citizenship verification:

Previous marital surname and given name(s) / surname and given name(s) prior to name change		
IF NOT APPLICABLE, PLEASE LEAVE BLANK		
Surname and given name(s) at the time of emigration:		
Gender: male female		
Place of birth: (city/town)		
(If Budapest, district number:)		
Date of birth: year month day		

II. Ancestors of the person concerned by the citizenship verification:

2. Father's name			
Father's place of birth:CITY/	TOWN	. date:YY	YY.MM.DD
Father's nationality(ies):			
Paternal grandfather's full name:			
Place of birth:	date:		
Paternal grandmother's full nam	e:MAIDEN NAME		
Place of birth:			

2. Mother's nameMAIDEN NAME (LAST NAME, FIRST NAME, MIDDLE NAME)			
Mother's place of birth:	date:		
Mother's nationality(ies):			
Maternal grandfather's full name:			
Place of birth:	date:		
Maternal grandmother's full name:MAIDEN NAME			
Place of birth:	date:		
Location and date of maternal grandparents' marriage:			

4. Location and date of pare	ents' marriage:	CITY/TOWN + YYY	Y. <mark>MM.DD</mark>
(If Budapest, district numbe	r:)		

Distant ancestors of the person concerned by the citizenship verification:
 Full name, place of birth, date of birth, location and date of marriage, degree of kinship of great-grandparents or other ancestors who emigrated from Hungary

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III. Relatives of the person concerned by the citizenship verification:

6. Child/Children	
Name	
Place of birth:	date:
Name	
Place of birth:	date:
Name	
Place of birth:	date:

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7. Sibling(s)	
Name at birth:	
Place of birth:	
Name at birth:	
Place of birth:	date:
Name at birth:	
Place of birth:	date:

IV. Marital status of the person concerned by the citizenship verification:

8. Marital status:		
Location of marriage:	(country)	(city/town)
(If Budapest, district number:) date: year	month day
Spouse (former spouse) surname and give	n name(s) at birth:	
Marital name:		
Place and date of birth:		
Nationality at time of marriage:		
Current nationality:OF SPOUSE		

V. Emigration and foreign nationality of the person concerned by the citizenship verification:

9. What years did you live in present-day Hungary:
Current address(es) in Hungary:
Last address in Hungary:
Country immigrated to, countries lived in:
What years did applicants' parents (grandparents) live in present-day Hungary:
Applicants' parents' (grandparents') last address in Hungary:
What country Applicants' parents' (grandparents') immigrated to, lived in:
Has the person concerned ever had a Hungarian passport : yes \square no \square (passport, tourist passport

consular passport, passport for citizens living abroad, other:

10. Foreign citizenship(s)
Date acquired:
Basis of entitlement:JUS SOLI OR JUS SANGUINIS OR NATURALIZATION

Has the person concerned or relatives of person ever received a citizenship certificate, naturalization certificate, re-naturalization certificate, discharge certificate, or citizenship certificate of any other nationality? yes \Box no \Box

If yes, name of person concerned	
Certificate number:	, date issued:
Further required information for verification of cit	izenship:

I declare that the above information is accurate.

For foreign births and marriages, the foreign certificate must be attached with the appropriate certification, with an authentic Hungarian translation.

The application for a citizenship certificate must be accompanied by the necessary application forms required for domestic registration, if the registration of foreign events has not yet been done. Hungarian records are verified ex officio.

Date:

applicant's signature

legal guardian's signature

(even those with limited capacity to act)

Authentication of signature

I hereby authenticate the signature of the applicant and / or legal guardian.

The	applicant	and/or	legal	guardian	verified	their	identity	with	the	following	document:	
document number:			document type:					document expiration date:				

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signature of consular officer

[seal]

name of authority