

QUESTIONNAIRE TO BE COMPLETED BY IRISH CITIZEN SEEKING 'CERTIFICATE DE CELIBAT' /LETTER OF SINGLE STATUS.

When completed, forward your application form and supporting documentation to

Ambassade d'Irlande, Consular Section, 4 rue Rude, 75116 Paris.

File:	To:
Date:	
Fee received:	Issued by:

Application Number:

A) DETAILS OF APPLICANT

Personal Information

Full name as on Birth/Adoption Certificate _____

Full name as on Deed Poll _____

Date of birth _____ Sex _____

Country of birth _____ Country/State/Region of birth _____

PPS Number _____ Occupation _____

Passport Details

Full name on passport _____

Passport number (and letter prefix) _____ Expiry date _____

Place of issue _____ Date of issue _____

Contact details

Country of residence _____

Address _____

Postal address _____

Telephone number _____ Alternative telephone number _____

Email _____

Parents' names as per your Birth/Adoption Certificate

Forenames and surname of Father _____

Forenames and maiden name of Mother _____

Civil Partnership details

Date of Civil Registration of Civil Partnership _____

Name of Registrar performing ceremony _____

Where the Civil Partnership is to take place _____

Where the Civil Partnership is to be civilly registered _____

Previous relationship

Did you ever enter into a Marriage previously _____

Did you ever enter into a Civil Partnership previously _____

Present civil position (*single, widowed, marriage/civil partnership annulled, divorced, civil partnership dissolved*) _____

B. DETAILS OF YOUR INTENDED SPOUSE/CIVIL PARTNER**Personal Information**

Full name as on Birth/Adoption Certificate _____

Date of birth _____ Sex _____

Are you an Irish citizen _____ If not, what is your country of citizenship _____

Occupation _____

Passport Details

Full name on passport _____

Passport number (and letter prefix) _____ Expiry date _____

Place of issue _____ Date of issue _____

Contact Details

Country of residence _____

Address _____

Postal address (if different) _____

Telephone number _____

Alternative telephone number _____

E-mail _____

Parents' Names as per your intended spouse's/civil partner's Birth/Adoption Certificate

Forename and surname of Father _____

Forename and maiden name of Mother _____

Previous relationship

Did your intended spouse ever enter into a Marriage previously? _____

If yes, please indicate how this marriage ended? _____

Did your intended spouse ever enter into a Civil Partnership previously _____

If yes, please indicate how this civil partnership ended _____

Present Civil PositionPresent Civil Position (*single, widowed, marriage/civil partnership annulled, divorced, civil partnership dissolved*) _____**I declare that the above particulars are correct to the best of my knowledge.**

Signature of applicant (i.e. person at 'A' overleaf) _____ Date _____

NOTE: CARE SHOULD BE TAKEN TO ENSURE THAT THERE IS NO DISCREPANCY BETWEEN INFORMATION ABOVE AND INFORMATION ON OTHER DOCUMENTS SUCH AS BIRTH CERTIFICATES