



LEGALIZATION SERVICE
 REQUEST FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. FOR INSTRUCTIONS SEE THE REVERSE SIDE OF THIS FORM

TITLE/ PREFIX	1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME
4. COMPANY NAME			
5 ADDRESS/MAILING ADDRESS			6. CITY/TOWN
7. STATE/REGION	8. COUNTRY	9. ZIP/POSTAL CODE	
10. DAYTIME TEL.	11. EVENING TEL.	12. FAX	13. E-MAIL ADDRESS

TO BE COMPLETED BY FOREIGN NATIONALS OF ETHIOPIAN ORIGIN				DO NOT WRITE IN THIS SPACE	
14A. FATHER'S FULL NAME		14B. MOTHER'S FULL NAME		FOR OFFICIAL USE ONLY	
15A. COUNTRY OF BIRTH		15B. COUNTRY OF BIRTH		SERVICE DATE	
16A. CITY OF BIRTH		16B. CITY OF BIRTH		DOCUMENT NUMBER	
17A. NATIONALITY		17B. NATIONALITY		GRATIS <input type="checkbox"/> YES <input type="checkbox"/> NO	
18A. CURRENT ADDRESS		18B. CURRENT ADDRESS		FEE PAID	
				RECEIPT NO	

19. TOTAL NUMBER OF DOCUMENTS	21. SIGNATURE	22. DATE