



LEGALIZATION/AUTHENTICATION/MISCELLANEOUS SERVICE REQUEST FORM

LEGALIZATION/AUTHENTICATION

MISCELLANEOUS

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW FAILURE TO PRINT CLEARLY MAY DELAY YOUR APPLICATION.

- የሚረጋገጠው ሰነድ ባለቤት ከሆኑ በተራ ቁጥር 1, 2 እና 4 ላይ የሰነድ ተገቢ መረጃዎች ብቻ ይሙሱ  
IF THE DOCUMENT IS PRESENTED BY OWNER FILL OUT NUMBER 1, 2 AND 4 ONLY
- የሚረጋገጠው ሰነድ በኢጅንሲ በኩል የቀረበ ከሆነ በተራ ቁጥር 3 እና 4 ላይ የሰነድ ተገቢ መረጃዎች ብቻ ይሙሱ  
IF THE DOCUMENT IS PRESENTED THROUGH AN AGENCY, FILL OUT NUMBER 3 AND 4 ONLY

① የአመልካች መረጃ /APPLICANT'S INFORMATION/

ሰማረጋገጥ የተራ ሰነድ ለሰነድ ባለቤት ስም ከሆነ /FOR AN INDIVIDUAL /

|                   |                 |   |                |
|-------------------|-----------------|---|----------------|
| 1.1. TITLE/PREFIX | 1.2. FIRST NAME | 1.3. MIDDLE NAME  | 1.4. LAST NAME |
|                   |                 |   |                |
| 1.5. NATIONALITY  |                 | 1.6. ETHIOPIAN PASSPORT /ETHIOPIAN ORIGIN ID NUMBER (IF APPLICABLE) |                |
|                   |                 |   |                |

ሰማረጋገጥ የተራ ሰነድ ለድርጅት ስም ከሆነ /FOR A COMPANY /

|                   |                                     |
|-------------------|-------------------------------------|
| 1.7. COMPANY NAME | 1.8. CONTACT PERSON (IF APPLICABLE) |
|                   |                                     |

② ስነድን ሰማረጋገጥ የጠየቁ ግለሰብ/ድርጅት አድራሻ /ADDRESS /

|   |                    |                    |
|---|--------------------|--------------------|
| 2.1. ADDRESS (STREET NUMBER, NAME AND APT#) | 2.2. COUNTRY       | 2.3. STATE         |
|   |                    |                    |
|   | 2.4. CITY          | 2.5. ZIP CODE      |
|   |                    |                    |
|   | 2.6. DAYTIME PHONE | 2.7. EVENING PHONE |
|   |                    |                    |
| 2.8. E-MAIL                                 |                    |                    |
|   |                    |                    |

DON NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY

SERVICE DATE \_\_\_\_\_

REF. NUMBER \_\_\_\_\_

FEE PAID \_\_\_\_\_

RECEIPT NO \_\_\_\_\_

③ የኢጅንሲ መረጃ (ወክልናው በኢጅንሲ በኩል ከሙሉ) /AGENCY INFORMATION (IF APPLICATION IS PRESENTED THROUGH AN AGENCY)

|                  |                     |                |
|------------------|---------------------|----------------|
| 3.1. AGENCY NAME | 3.2. CONTACT PERSON | 3.3. TELEPHONE |
|                  |                     |                |

④ የተለያዩ ሰነዶችን ሰማረጋገጥ የሚጠይቁ አመልካቾች ብቻ /ONLY FOR LEGALIZATION/AUTHENTICATION SERVICE APPLICANT'S/

|   |   |  |
|---|---|--|
| 4.1. DOCUMENT SOURCE  | <input type="checkbox"/> ETHIOPIA (THROUGH MINISTRY OF FOREIGN AFFAIRS OF ETHIOPIA) | <input type="checkbox"/> US STATE DEPARTMENT |
| 4.2. TOTAL NUMBER OF DOCUMENTS  |   |  |
| 4.3. PLEASE LIST ALL US STATE DEPARTMENT DOCUMENT REFERENCE NUMBER BELOW IN THE BOX PROVIDE |   |  |
| 1   | 7   | 13   |
| 2   | 8   | 14   |
| 3   | 9   | 15   |
| 4   | 10  | 16   |
| 5   | 11  | 17   |
| 6   | 12  | 18   |

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PREPARED BY: NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_