



## Information About Your Eligibility

I am claiming eligibility for citizenship by:

- Birth in the Dominion of British West Florida. Note \*
- Birth to a citizen of the Dominion of British West Florida while outside the Realm. Notes \*,#
- Birth in another of Her Majesty's Dominion's and personal Statement of Intent. Notes \*,+
- Supporting Her Majesty's government and swearing Allegiance to Her Majesty. Notes \*,+,@

## Contact Information

Home Address - Street Number and Name (Do not write a P.O. Box in this space)

City \_\_\_\_\_ Administrative District (State/Province) \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Apartment Number \_\_\_\_\_

Mailing Address - Street Number and Name (if different from home address) or P.O. Box

City \_\_\_\_\_ Administrative District \_\_\_\_\_ Postal Code \_\_\_\_\_

County \_\_\_\_\_

Daytime Phone Number (if any)

Evening Phone Number (if any)

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E-Mail Address (if any) \_\_\_\_\_

## Marital Status

Single, Never Married     Married     Divorced     Widowed

Marriage Annulled or Other (Explain)

I, the (applicant) do swear or affirm, under penalty of perjury laws of the Dominion of British West Florida, that I know and understand the contents of this application signed by me, and the attached supplementary documentation, and that the same are true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Notes:

\* = A copy of your birth certificate must be attached to this application.

# = A copy of the parent's birth certificate must be attached to this application.

+ = A signed copy of the 'Statement of Intent and Support' must be attached to this application.

@ = A signed copy of the Oath of Allegiance must be attached to this application.