

Dominion of British West Florida Declaration of Loyalty and Application for Certification of Citizenship Status. AC-100

Providing false information may result in your application being denied and / or forwarded to other agencies.

Information about yourself:

Current Legal Name:

Last(Family) Name: _____ Suffix (of/de/von/II, Jr.) _____

Given (First) Name: _____ Middle Name: _____

Other Names by which you have been known:

Last (Family) Name	Given (First) Name	Middle Name
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Birth information:

Year: _____ Month: _____ Day: _____ Country: _____

City: _____ Administrative District (State/Province/Barony) _____

Mother's Full Name: Last: _____ First: _____ Middle: _____

Maiden: _____ Mother's nationality: _____

Father's Full Name: Last: _____ First: _____ Middle: _____

Father's nationality: _____ Father's occupation: _____

Identification Information: Sex: Male Female Skin tone: _____

Height (Feet): __ (Inches): __ Weight (Lbs): ____ Eye Colour: _____ Hair Colour: _____

Additional Information about yourself and your family line:

List any titles, offices or emoluments _____ held of any government, prince, or power:

List decorations, medals, awards, and other recognitions issued by any government, prince, or power:

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.