



Embassy of the Federal Democratic Republic of Ethiopia, Dublin

Document Attestation

Request Form

1. Surname ----- First Name ----- Middle Name----- Sex -----
 Company Name /If applicable/ -----
2. Date of Birth (DD/MM/YYYY) ----- Place of birth -----
3. Passport Number ----- Valid until ----- Nationality -----
4. Residence Address ----- City ----- Country -----
5. Telephone Number ----- E-mail -----
6. Service required
 - Marriage Certificate Legalization
 - Birth Certificate legalization
 - Divorce certificate Legalization
 - Adoption document legalization
 - Power of Attorney Legalization
 - Other /specify/

7. APPLICATION PRESENTED BY

APPLICANT PARENT PROXY GUARDIAN

I, THE UNDERSIGNED DECLARE THAT THE ABOVE STATEMENTS ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FULL NAME _____ SIGNATURE _____

ቀን /DATE _____

<u>Only for Office use</u>
Service given -----
Receipt No. -----
Amount paid -----
Date -----
Signature -----