

**QUESTIONNAIRE**  
**FOR OBTAINING CITIZENSHIP OF THE REPUBLIC OF ARMENIA**

1	Name, father's name, surname (If you have changed your name, father's name or surname, indicate all your names, father's names, surnames and the reasons of changing them)	
2	Day, month and year of birth	
3	Complete name of place of birth	
4	Nationality (if you have changed, when and for what reasons)	
5	Citizenship	
6	If you have a citizenship of another country, specify the name of the country	
7	Did you live in other countries (when and where)?	
8	Marital status (married, divorced, single, widow)	
9	Education and profession (what educational institution have you graduated from and when)?	
10	Do you have a scientific degree and a scientific title?	
11	Do you have scientific works and discoveries?	
12	Have you been elected in representative bodies (when and where)?	
13	Have you been subjected to criminal or administrative liabilities (when and why)?	
14	<p>Do you suffer from any of diseases below (if yes, mark which one)</p> <ul style="list-style-type: none"> <li>- Plague (lung form)</li> <li>- Cholera</li> <li>- Active tuberculosis of respiratory organs (all forms with pathogen release)</li> <li>- Tropical malaria</li> <li>- Atypical pneumonia</li> <li>- Avian flu</li> <li>- AIDS</li> </ul>	

15	Did you have participation in military operations; if yes, point the country of contribution, time of operations and the position held. Have you been in captivity?	
16	When did you arrive to the Republic of Armenia?	
17	What is the purpose of coming to the Republic of Armenia?	
18	Have you previously been in the Republic of Armenia (when and for what purpose)?	

19. Your close relatives (father, mother, sister, brother, husband, wife, children). If any of the indicated persons have changed their name, father's name, surname or nationality, specify them fully.

Family relation (ties of kinship)	Name, Surname Father's name	Day, month, year of birth	Nationality	Citizenship	Place of work, and position	Place of permanent residence

20. Your work experience since the beginning of your work activity (including your education in secondary vocational and higher educational institutions and military service). When filling up this field it is important to indicate the name of the organization at the time of your work. Information on military service shall be provided according to the military record, mentioning your post and military rank.

Day, month, year		Name of workplace (education) and position held	The place (address) of work (education)
Start	End		

21	Do you have government awards?	
22	Enrollment in military service, military rank	
23	Motives of obtaining citizenship	
24	Place of permanent residence (address in Republic of Armenia and abroad)	

25. List all documents attached to this questionnaire:

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26. What would you like to report about yourself and your relatives, in addition to provided information?

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27. Official notes

\_\_\_\_\_ has  
(name, surname)

a) passport \_\_\_\_\_  
(serial, number, name of issuing organization)

issued on \_\_\_\_\_ valid till \_\_\_\_\_

b) \_\_\_\_\_ residence permit \_\_\_\_\_  
(serial and number of special passport/

\_\_\_\_\_, issued on \_\_\_\_\_ by  
certificate)

\_\_\_\_\_ valid till \_\_\_\_\_

c) Residence certificate of a stateless person \_\_\_\_\_  
(serial and number)

\_\_\_\_\_, issued on \_\_\_\_\_ by

\_\_\_\_\_ valid till \_\_\_\_\_

29. The questionnaire, documents referred to therein and accuracy of completion checked by

\_\_\_\_\_  
(surname, position and signature of receiving official)

\_\_\_\_\_20  
(date of admission)

30. I have been warned of the legal liabilities in case of providing inaccurate information (data).

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(name, surname)