



THE PRINCIPALITY OF NEW UTOPIA
DEPARTMENT OF NEW CITIZEN NOMINEES
CITIZENSHIP NOMINEE INFORMATION

IMPORTANT: Read instructions carefully before completing the Nominee Form

HOW TO COMPLETE THE NOMINEE FORM

1. All sections of this form must be completed by all Nominees. The form should be clearly written in the nominee's own handwriting using block Capitals.
2. Additional sheets of paper may be used if the space provided on the form is insufficient. Indicate which section(s) is/are being answered on the additional sheet(s) of paper.
3. **Requirements:**
 - a) Photographs. Two copies of a recent photograph of the Nominee must be included with the Nominee Form. These photographs must be taken full face without hat, and the photographs must not be mounted. The size of the photographs must be standard passport size (not be more than 2 inches x 2 inches.) The photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side.
4. **Documents to be produced:**
 - a) Photocopy of the current passport or Nominee's birth certificate.

N.B.: All sections must be translated into English.

Mail To:

The Principality of New Utopia
9441 East 31st. Street, Suite 160
Tulsa, Oklahoma 74145 U.S.A.

Voice Phone:

(918) 712-9980

FAX:

(918) 438-2611

NOMINEE

Given name

Family name

Nominees' Photograph

Photograph

NOMINEE

YOUR PERSONAL DETAILS

1. **Family Name** (in English)
2. **Given Name** (in English)
3. **Father's Name**
4. **Mother's Maiden name**

5. **Have you been known by any other names?**
(including name before marriage or an alias)

No Yes Name before marriage (if applicable)

N.B.: For other names, enclose a note giving the required details

6. **Sex:** Male Female

7. **Date of Birth** **Age**

8. **Place of Birth**
-
-
9. **Color of eyes**
10. **Color of hair**
11. **Height**
12. **Distinguishing Marks**

CITIZENSHIP

13. **Present country of Citizenship**

14. **Do you hold any other citizenships?**

No Yes Which countries?

PASSPORT

15. **Do you have a passport?**

No Yes Give details:

N.B.: If you have more than one passport, enclose a note giving the required details.

Passport Number

Place of issue

Date of issue

Valid until

/ /
/ /

IDENTIFICATION NUMBERS

16. Do you have any identification numbers? (National identify card, social security card [Optional])

No Yes Give details:

Country	Type of number	Your number

MARITAL STATUS

17. Show your marital status
(Tick more than one if appropriate)

Never married Separated
 Divorced Engaged
 Widowed Married

N.B: Enclose a note giving the require details
(See Explanatory Notes)

ADDRESSES

18. Your home address

(Area code)

19. Your postal address

(If different than home address)

(Area code)

20. Your telephone numbers

Home	(Area code)
Work	(Area code)
Mobil Phone	(Area code)

LANGUAGES

21. Give details of your speaking and writing ability in English and other languages

	Mark your standard of speaking and writing				Mark your main language(s)
	Vocational	Social	Survival	Zero	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOMINEE'S FAMILY

22. Give details of ALL NOMINEE'S family.

Name	Sex	Date of Birth	
NOMINEE'S PARENTS			
		/ /	
		/ /	

ALL NOMINEE'S CHILDREN UNDER 18			
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

ALL NOMINEE'S OTHER DEPENDENTS & CHILDREN AGED OVER 18			
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Health

23. Do you, or anyone, in your family suffer from

- A serious contagious, transmissible or hereditary disease or condition. No Yes
- A serious condition or disability which requires regular medical attention, hospital treatment or special care. No Yes
- A physical disability or mental retardation. No Yes

Do any of the above require regular medical attention, hospital treatment or special care? Give details below. No Yes

Full Name	Nature of condition, illness or disease

Character

24. Please answer the following questions about yourself. To be approved you are required to be of good character.

- Convicted of a crime or offense No Yes
- Sentenced to serve a period of time in jail or in other form of detention No Yes
- Placed on probation No Yes
- Charged pending trial No Yes

If Yes to any question above, give details below. (If necessary, use additional sheets of paper.)

Full Name			
Nature of offense			
Nature of court		Country	
		DAY	MONTH YEAR
Sentence		Date of sentencing / /	

Full Name			
Nature of offense			
Nature of court		Country	
		DAY	MONTH YEAR
Sentence		Date of sentencing / /	

25. Have you ever served in the armed forces? No Yes

Nationality	Service	Date of Discharge	Rank
Type of Discharge		Training or Specialty	

26. Have you ever been:

- Deported, excluded or removed from any country? No Yes
- Asked to leave a country? No Yes
- Refused entry to any country? No Yes
- Refused a visa (including a visa to migrate to any country)? No Yes

Declaration

I declare that the information supplied on this form, and any attachments, is complete, correct and up-to-date in every detail.
 I understand that if I have given false or misleading information, my application may be refused.
 I undertake to inform the New Utopian Government Office of any material changes to my circumstances while my application is being considered.
 I declare that I have read and understood the information supplied to me and in particular the information contained in the Explanatory Notes to this application.
By signing below or otherwise permitting my nomination for citizenship, I agree to be subject to the provisions of the Constitution of the Principality of New Utopia and to abide by the laws duly passes in accordance with it.

Signature of Nominee N.B: If Nominee is under the age of 18, his Nominee Form must be signed by his parents.

	Date <hr style="border: 0; border-top: 1px solid black;"/> DAY MONTH YEAR <hr style="border: 0; border-top: 1px solid black;"/> / /
--	---

