ኤምባሲ ሃገረ ኤርትራ

سفارة دولة اريتريا

EMBASSY OF THE STATE OF ERITREA

STOCKHOLM, SWEDEN

ወረቐት መንነት ንትሕቲ ዕድመ መሕተቲ ቅጺ

ID CARD APPLICATION FORM FOR UNDERAGE

1. _____
ስም / NAME

_____
ስም ኣቦ / FATHER'S NAME

_____
ስም ኣቦሓጎ / GRAND FATHER'S NAME

2. _____
ጾታ / SEX

3. _____
ቦታ ልደት / PLACE OF BIRTH

4. _____
ዕለተ ልደት / DATE OF BIRTH

_____
ወርሒ / MONTH

_____
ዓ/ም / YEAR

5. _____
ምሉእ ስም ኣቦ / FULL FATHER'S NAME

6. _____
ቁጽሪ ወረቐት መንነት ኣቦ / FATHER'S ID CARD NO.

7. _____
ምሉእ ስም ኣደ / FULL MOTHER'S NAME

8. _____
ቁጽሪ ወረቐት መንነት ኣደ / MOTHE'S RID CARD NO.

9. _____
ኣድራሻ / ADDRESS

10. _____
ቁጽሪ ስልኪ / TELEPHONE NO.

ኣስተውዕል

መልክዕ ህጻናት ትሕቲ ዕድመን ቀልጢፉ ስለዝቀያየር፡ ኣብ ኣረርባዕተ ዓመት ሓድሽ ወረቐት መንነት ምውጻእ ዝሓሸ እዩ።

ኩሉ ዝሃብክዎ ሓበሬታ ቅኑዕን ምሉእን ምኾኑ ኣረጋግጽ።

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND COMPLETE TO THAT BEST OF MY KNOWLEDGE.

_____
ቦታ / PLACE

_____
ዕለት / DATE

_____
ክታም ሓታቲ / SIGNATURE

ንበዓል መዚ ጥራይ ዝምልከት / FOR OFFICIAL USE ONLY

_____
ዝተወስደ ውሳነ / DECISION TAKEN

_____
ቁጽሪ ወረቐት መንነት / ID CARD NO.

_____
ዝተዋህበሉ ዕለት / DATE OF ISSUE

_____
ስምን ክታምን በዓል መዚ / NAME AND SIGNATURE OF AUTHORITY

Stjarnvagen 2, 4th floor • P.O. Box 1164, 181 23 Lidingo, Sweden
Tel. +46 (0)8 441 71 70 • Fax +4-6 (0)8 446 73 40 • info@eritrean-embassy.se • www.eritrean-embassy.se