

**TRANSLATION OF THE QUESTIONNAIRE  
For Requests For Obtaining Documents From Ukraine.**

**Provided for applicants' convenience. NOT TO BE COMPLETED.**

*Questionnaire in Ukrainian is to be filled out.*

<b>Question:</b>	<b>Answer:</b>
<b>Last, first name and patronymic of the person in whose name the requested document was originally issued or to be issued</b> (include all last names ever used by this person):	
<b>Year, month, day and place</b> (indicate oblast, region, city, town, village) <b>of birth of this person:</b>	
<b>Current and all former citizenships of this person:</b>	
<b>Specific type of document being requested:</b>	
<b>Important information:</b> a) if a <u>birth</u> , <u>marriage</u> , <u>divorce</u> , <u>death</u> , etc. certificate is being requested, indicate: - the exact place and date of registration of the birth, marriage, divorce, death etc., and also - the last, the first name and the patronymic of the parents if a birth certificate is being requested, and - the last, the first name and the patronymic of the person, with whom marriage or divorce was registered, if a marriage or divorce certificate is being requested; b) If a <u>document pertaining to education</u> is being requested, indicate the name and address of the educational institution and dates of enrollment and graduation; c) If a <u>document pertaining to employment</u> is being requested, indicate the name and address of the enterprise or institution, period of employment and occupation; d) If a <u>document pertaining to pensions</u> is being requested, indicate when, in connection with what and which organization issued the most recent pension.	
<b>Reason for the request:</b>	
<b>Current residential address, including postal code, of the person who is the subject of the requested document:</b>  <b>Phone number:</b>	
<i>(reverse side of the sheet)</i>	
<b>If the person making this request is someone other than the person who is the subject of the requested document, please state :</b>	
<b>Last and first name and patronymic, if applicable:</b>	
<b>Familial relationship to the person who is the subject of the requested document:</b>	
<b>Current residential address, including postal code:</b>	
<b>Service notes (Do not write in this space):</b>	

Signature of the applicant \_\_\_\_\_

“ \_\_\_\_\_ ” \_\_\_\_\_ **200** \_\_\_\_\_  
(day) (month) (year)

*(Date of completion of the questionnaire)*