

KURDISTAN REGIONAL GOVERNMENT

REPRESENTATION IN THE U.S.



حكومه‌تی شه‌ریمی كوردستان

نوینه‌رایه‌تی له ئەم‌ریکا

Certificate of Life

Full Name:

Mother`s full name:

Date and Place of birth:

State Identification Number:

Occupation:

Telephone:

Email (if available):

Address:

Date:

Signature:

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared

_____ Known to me (or satisfactorily proven) to be the person whose name is subscribed to the within

Instrument, and acknowledged that IN WITNESS HEREOF, I hereof set my hand and official seal.

Notary Public

Notice: This form has to be sealed by Notary Public in the United States of America or Canada.