

SERIAL NO: .....



CITIZEN REGISTRATION FORM

UGANDA HIGH COMMISSION, 231 COBOURG STREET, OTTAWA, ONTARIO, K1N 8J2  
TEL: 613 789 7797 FAX: 613 789 8909 EMAIL: [uhc@ugandahighcommission.com](mailto:uhc@ugandahighcommission.com)

(Please complete all sections of this form, information provided will be kept entirely confidential and for official use only)

1. SURNAME (MR/MRS/MISS/DR) .....  
OTHER NAMES .....  
MARITAL STATUS: SINGLE/MARRIED/DIVORCED/SEPARATED/WIDOWED .....  
DATE OF BIRTH .....  
PLACE OF BIRTH .....  
BIRTH CERTIFICATE NO (IF ANY) .....  
PROFESSION .....

2. PASSPORT NO: .....  
FILE NO: .....  
DATE OF ISSUE: .....  
PLACE OF ISSUE: .....

3. COUNTRY OF CURRENT RESIDENCE .....  
DATE OF ARRIVAL IN YOUR COUNTRY OF CURRENT RESIDENCE: .....  
ADDRESS IN YOUR COUNTRY OF CURRENT RESIDENCE: .....  
POSTAL CODE: .....  
TELEPHONE NO: .....  
EMAIL: .....

**(KEEP THE MISSION POSTED ON ANY CHANGES IN YOUR ADDRESS)**

4. PURPOSE OF STAY IN YOUR COUNTRY OF CURRENT RESIDENCE: .....  
.....

5. EXPECTED PERIOD OF STAY: .....

6. NEXT OF KIN TO BE CONTACTED INCASE OF EMERGENCY  
NAME: .....  
ADDRESS IN UGANDA .....  
TELEPHONE NO: .....  
NAME: .....  
ADDRESS IN YOUR COUNTRY OF CURRENT RESIDENCE .....  
.....  
TELEPHONE NO: .....

7. STATE WHETHER ACCOMPANIED BY WIFE/HUSBAND/AND/OR CHILDREN .....  
LIST NAMES, DATES OF BIRTH AND PASSPORT NUMBERS OF PERSONS WHO ACCOMPANIED YOU:  
NAME DATE OF BIRTH PASSPORT NUMBER  
.....  
.....  
.....  
.....

8. ANY OTHER INFORMATION .....  
.....

9. SIGNATURE ..... DATE: .....



## DECLARATION FOR UGANDANS ABROAD

I (NAME) .....

OF (PRESENT ADDRESS) .....

.....

HOLDER OF PASSPORT NO. .... ISSUED AT .....

FILE NO.....

Hereby declare as follows:-

1. That I am a citizen of Uganda
2. I have not lost this status
3. That I have obtained/not obtained any other citizenship since I acquired the above citizenship.  
(Give details of other Citizenship/Nationality acquired).
4. That the information given above is correct to the best of my knowledge and belief.
5. That I fully understand the legal implications of what I have stated above and as such I do accept any legal consequences that may arise out of what I have stated on this form.

Signed..... Date .....

**Enclosed is a copy of proof of my Immigration Status in this Country.**