To Whom It May Concern

We the undersigned……..
Cypriot passport or ID number……..…..
And……..
Passport or ID number……..

Hereby declare that we wish to register the birth of our child/ren
to be named below with the Republic of Cyprus

Children's names:

1.
2.
3.
4.

Father's signature date

Mother's signature date

EMBASSY OF THE REPUBLIC OF CYPRUS CONSULAR SECTION
This is to certify that the above signature(s) is/are the true and genuine signature(s) of Mr/Mrs. _____
_____
_____
Signed today in my presence.
Date: _____