APPLICATION FOR NATURALIZATION
(Certificate of Confluence)

FOR HUMANS AND ADOPTEES

IMPORTANT
The parent or guardian applying for Confluence certificate on behalf of a minor should complete this form.
_____

1. Do any of these apply to you?

☐ I never had a Confluence certificate and I was never naturalized in Fluidoria before I was born.

☐ I think I am a Fluidorian and want to certify it.

☐ I need to replace my Confluence certificate

☐ I want to apply for Confluence on behalf of my child (I didn't adopt my child).

☐ I want to donate a Confluence certificate and have it issued to another person/living being (adoptee).

Yes: proceed to the application
No: you may need a different type of application

NOTE: You can only apply for yourself or another non-naturalized Fluidorian. If you (or the child / other living being you are applying for) was formerly adopted by a naturalized Fluidorian, you can only use this application for a replacement certificate.

2. Tell us about yourself (or the one you are applying for)

Surname/Last name (if applicable)

Given name(s) (as it/they appear)

Date of birth (YYYY-MM-DD)

Place of birth (if known)

Species

Gender

☐ F Female   ☐ M Male   ☐ Another gender   ☐ Genderless   Height cm:

List any other names (include current or former married name(s), aliases and nicknames).
No names will appear on the Confluence certificate

Are you applying to replace your/a Confluence certificate?   ☐ Yes   ☐ No – skip to section 3

If yes, give information that appears on the old certificate
Certificate no.

Date of certificate (YYYY-MM-DD)

3. Citizenship(s) (All citizenships are compatible with Fluidorian confluence)

Are you/the adoptee a citizen of one or more countries?   ☐ Yes   ☐ No – skip to section 4

If Yes, give details if possible (country or territory, description of how citizenship/nationality was obtained and/or recognized)

Fluidoria

4. Contact information

How can we contact you about this application?

Surname/Last name

Given name(s)

Email address

Confirm email address

Home address

No. and street

Apt./Unit

City

Province

Country or territory

Postal code

If you send this application directly to the Fluidorian Dept. of Confluence, please note that your documents will be processed at the Fluidorian consulate nearest you. Please provide details of the Fluidorian consulate you would like to have your documents sent to

Telephone numbers

Home (Contry code, area code and number)

Cell (Contry code, area code and number)

5. Representative

Would you like to name a representative (e.g. consultant, lawyer, friend or family member) to do business with us for you?

☐ Yes ☐ No – skip to section 6

Is someone helping you fill out this form? ☐ No ☐ Yes

Are you paying someone to help you fill out this form? ☐ No ☐ Yes

If yes complete the following details about the person helping you:

Family name (last name)

Given name(s)

Company name

6. Declarations/Permissions/Signatures

☐ I understand the content of this form.

☐ I declare that the information provided is true, correct and complete.

☐ I understand that if I, or someone on my behalf, make a false representation, commit fraud or conceal any material circumstances relevant to my application, my application could be denied

APPLICANT'S Signature
(Sign inside the box in blue ink)

Date:

City:

(If applicant cannot sign, signature of parent/guardian/donator of certificate)

GUARDIAN'S/DONATOR'S Signature
(Sign inside the box in blue ink)

Date:

City:

Fluidoria