



## **Fragebogen zur Überprüfung nigerianischer Dokumente** ***Questionnaire for verification of Nigerian documents***

Bitte füllen Sie den folgenden Fragebogen **komplett und in englischer Sprache** aus. Kennzeichnen Sie bitte eindeutig, falls ein bestimmtes Feld nicht zutreffen sollte.

*Please complete the form **completely and in English**. Please indicate clearly, if something is not applicable.*

| <b>Namen des volljährigen Urkundeninhabers / Information on all known identities of the applicant (adult)</b> |  |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| Nachname / last name                                                                                          |  | Vorname / first name                                                 |  |
|                                                                                                               |  |                                                                      |  |
| Mittelname(n) / middle name(s)                                                                                |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| <b>Geburtsdatum und Geburtsort / Date of Birth and Place of Birth</b>                                         |  |                                                                      |  |
| Geburtsdatum / Date of Birth                                                                                  |  | Geburtsort / Place of Birth                                          |  |
|                                                                                                               |  |                                                                      |  |
| <b>Kontaktdaten des volljährigen Urkundeninhabers / contact details of the applicant (adult)</b>              |  |                                                                      |  |
| Adresse / address                                                                                             |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| Telefonnummer / phone number                                                                                  |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| E-Mail-Adresse / e-mail address                                                                               |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| <b>Angaben zur Geburt/ Information in respect of the birth of the applicant</b>                               |  |                                                                      |  |
| Hausgeburt / born at home                                                                                     |  | <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no |  |
|                                                                                                               |  |                                                                      |  |
| Name des Geburtskrankenhauses / Name of the hospital of birth                                                 |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| Anschrift des Geburtskrankenhauses / Address of the hospital of birth                                         |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| <b>Taufe / Baptism</b>                                                                                        |  |                                                                      |  |
| getauft / baptised                                                                                            |  | <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no |  |
|                                                                                                               |  |                                                                      |  |
| Name der Taufkirche / Name of the church                                                                      |  | Taufdatum / Date of baptism                                          |  |
|                                                                                                               |  |                                                                      |  |
| Anschrift der Taufkirche / Address of the church                                                              |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| <b>Grundschule / Primary School</b>                                                                           |  |                                                                      |  |
| <input type="checkbox"/> Kein Grundschulbesuch erfolgt / no attendance at Primary School                      |  |                                                                      |  |
| Grund /reason:                                                                                                |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| Name der Schule / Name of the school                                                                          |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| Schulanschrift / Address of school                                                                            |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |
| Besuchszeitraum / Period of attendance                                                                        |  |                                                                      |  |
|                                                                                                               |  |                                                                      |  |

|                                                                                                                                                                                           |                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Sekundarschule / Secondary School</b>                                                                                                                                                  |                                                                                  |
| <input type="checkbox"/> Kein Sekundarschulbesuch erfolgt / <i>no attendance at Secondary School</i><br>Grund / <i>reason</i> :                                                           |                                                                                  |
| Name der Schule / <i>Name of the school</i>                                                                                                                                               |                                                                                  |
| Schulanschrift / <i>Address of school</i>                                                                                                                                                 |                                                                                  |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                                                                             |                                                                                  |
| <b>Platz für weitere Angaben zu Schulbesuchen (z.B. Universität) /<br/>Space for additional information on schooling (e.g., university)</b>                                               |                                                                                  |
|                                                                                                                                                                                           |                                                                                  |
| <b>Die letzten beiden Wohnanschriften in Nigeria / Your last two residential addresses in Nigeria</b>                                                                                     |                                                                                  |
| 1.                                                                                                                                                                                        | Anschrift / <i>Adress</i>                                                        |
| 2.                                                                                                                                                                                        | Anschrift / <i>Adress</i>                                                        |
| <b>Kontaktdaten aller Arbeitgeber in Nigeria / Contact details of all employers in Nigeria</b>                                                                                            |                                                                                  |
| <input type="checkbox"/> selbständig / <i>self-employed</i>                                                                                                                               |                                                                                  |
| 1.                                                                                                                                                                                        | <div>Name / <i>Name</i></div> <div>Telefonnummer / <i>Telephone number</i></div> |
| Anschrift / <i>Adress</i>                                                                                                                                                                 |                                                                                  |
| 2.                                                                                                                                                                                        | <div>Name / <i>Name</i></div> <div>Telefonnummer / <i>Telephone number</i></div> |
| Anschrift / <i>Adress</i>                                                                                                                                                                 |                                                                                  |
| <b>Familienstand / Civil Status</b>                                                                                                                                                       |                                                                                  |
| <input type="checkbox"/> ledig / <i>single</i>                                                                                                                                            |                                                                                  |
| <input type="checkbox"/> verheiratet nach traditionellem Ritus / <i>married (Customary / Traditional Marriage)</i><br>Datum und Ort der Eheschließung / <i>Date and place of marriage</i> |                                                                                  |
| <input type="checkbox"/> standesamtlich verheiratet / <i>married (Statutory Marriage)</i><br>Datum und Ort der Eheschließung / <i>Date and place of marriage</i>                          |                                                                                  |
| <input type="checkbox"/> verheiratet nach islamischem Ritus / <i>married (Islamic Marriage)</i><br>Datum und Ort der Eheschließung / <i>Date and place of marriage</i>                    |                                                                                  |
| <input type="checkbox"/> geschieden / <i>divorced</i>                                                                                                                                     | Datum und Ort der Scheidung / <i>Date and place of divorce</i>                   |
| <input type="checkbox"/> verwitwet / <i>widowed</i>                                                                                                                                       | Todestag und -ort des Ehepartners / <i>Date and place of death of the spouse</i> |

| <b>Kontakt Daten des Verlobten, Ehepartners, Ex-Ehepartners / <i>Contact details of the fiancé(e), spouse, ex-spouse</i></b> |                           |                                         |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|
| 1.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| 2.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| <b>Kontakt Daten der Trauzeugen / <i>Contact details of witnesses to marriage</i></b>                                        |                           |                                         |
| 1.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| 2.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| 3.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| 4.                                                                                                                           | Name / <i>Name</i>        | Art der Beziehung / <i>Relationship</i> |
|                                                                                                                              | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i> |
| <b>Kontakt Daten der Eltern / <i>contact details of parents</i></b>                                                          |                           |                                         |
| Name des Vaters / <i>Father's name</i>                                                                                       |                           | Telefonnummer / <i>Telephone number</i> |
| Anschrift / <i>Adress</i>                                                                                                    |                           |                                         |
| <input type="checkbox"/> verstorben / <i>deceased</i>                                                                        |                           |                                         |
| Todesstag und -ort / <i>Date and place of death</i>                                                                          |                           |                                         |
| Name der Mutter / <i>Mother's name</i>                                                                                       |                           | Telefonnummer / <i>Telephone number</i> |
| Anschrift / <i>Adress</i>                                                                                                    |                           |                                         |
| <input type="checkbox"/> verstorben / <i>deceased</i>                                                                        |                           |                                         |
| Todesstag und -ort / <i>Date and place of death</i>                                                                          |                           |                                         |

| Kontakt Daten der <u>Geschwister</u> / <i>contact details of siblings</i>                                   |                           |                                          |
|-------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|
| 1.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |
| 2.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |
| 3.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |
| 4.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |
| 5.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |
| 6.                                                                                                          | Name / <i>Name</i>        | Geburtstag / <i>Sibling's birth date</i> |
|                                                                                                             | Anschrift / <i>Adress</i> | Telefonnummer / <i>Telephone number</i>  |
| <input type="checkbox"/> verstorben / <i>deceased</i><br>Todestag und -ort / <i>Date and place of death</i> |                           |                                          |

| <b>Kontaktdaten <u>außerfamiliärer</u> Referenzpersonen (mind. 3!) in Nigeria (z.B. Nachbarn, Freunde, Lehrer, etc.) /<br/> contact details of reference persons (at least 3!) in Nigeria (e.g. neighbors, school friends, teachers etc.)</b> |                     |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|
| 1.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 2.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 3.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 4.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 5.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| <b>Kontaktdaten der Personen, die <u>eidesstattliche Erklärungen</u> abgegeben haben (sofern nicht bereits genannt)<br/> Contact details of <u>deponents of affidavits</u> (if not mentioned above)</b>                                       |                     |                                  |
| 1.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 2.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 3.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |
| 4.                                                                                                                                                                                                                                            | Name / Name         | Art der Beziehung / Relationship |
|                                                                                                                                                                                                                                               | Anschrift / Address | Telefonnummer / Telephone number |

|                                                                                                                                                                                        |  |                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Angaben zu <u>Kindern</u> der/s Urkundeninhaberin/s in Nigeria / <u>Children of the applicant in Nigeria</u></b>                                                                    |  |                                                                                                                                                                 |  |
| <input type="checkbox"/> Keine Kinder / <i>no children</i>                                                                                                                             |  |                                                                                                                                                                 |  |
| <input type="checkbox"/> Ja, folgende Kinder sind in Nigeria geboren: / <i>Yes, the following children were born in Nigeria:</i>                                                       |  |                                                                                                                                                                 |  |
| <b>1. Kind der/s Urkundeninhaberin/s in Nigeria / 1<sup>st</sup> Child of the applicant in Nigeria</b>                                                                                 |  |                                                                                                                                                                 |  |
| Name / <i>Name</i>                                                                                                                                                                     |  |                                                                                                                                                                 |  |
| Geburtstag / <i>Date of Birth</i>                                                                                                                                                      |  | Geburtsort / <i>Place of Birth</i>                                                                                                                              |  |
| Anschrift / <i>Adress</i>                                                                                                                                                              |  |                                                                                                                                                                 |  |
| Telefonnummer / <i>Telephone number</i>                                                                                                                                                |  |                                                                                                                                                                 |  |
| Kindes Eltern zum Zeitpunkt der Geburt verheiratet / <i>parents of the child were married at the time of the child's birth</i>                                                         |  | <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                              |  |
| Sorgerecht / <i>Custody</i>                                                                                                                                                            |  | <input type="checkbox"/> Mutter / <i>mother</i> <input type="checkbox"/> Vater / <i>father</i> <input type="checkbox"/> beide Elternteile / <i>both parents</i> |  |
| Sonstige Bemerkungen zu Kindern (Vaterschaftsanerkennung, Sorgerechtsbeschluss, etc.) / <i>other remarks concerning the children (acknowledgment of paternity, guardianship, etc.)</i> |  |                                                                                                                                                                 |  |
| <b>Kontakt Daten des anderen Elternteils des Kindes der/s Urkundeninhaberin/s / <i>contact details of the other parent of the child of the applicant</i></b>                           |  |                                                                                                                                                                 |  |
| Name / <i>Name</i>                                                                                                                                                                     |  |                                                                                                                                                                 |  |
| Anschrift / <i>Adress</i>                                                                                                                                                              |  |                                                                                                                                                                 |  |
| Telefonnummer / <i>Telephone number</i>                                                                                                                                                |  |                                                                                                                                                                 |  |
| <b>Angaben zur Geburt / <i>Information in respect of the birth of the child</i></b>                                                                                                    |  |                                                                                                                                                                 |  |
| Hausgeburt / <i>born at home</i>                                                                                                                                                       |  | <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                              |  |
| Name des Geburtskrankenhauses / <i>Name of the hospital of birth</i>                                                                                                                   |  |                                                                                                                                                                 |  |
| Anschrift des Geburtskrankenhauses / <i>Address of the hospital of birth</i>                                                                                                           |  |                                                                                                                                                                 |  |
| <b>Taufe / <i>Baptism of the child</i></b>                                                                                                                                             |  |                                                                                                                                                                 |  |
| getauft / <i>baptised</i>                                                                                                                                                              |  | <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                              |  |
| Name der Taufkirche / <i>Name of the church</i>                                                                                                                                        |  | Taufdatum / <i>Date of baptism</i>                                                                                                                              |  |
| Anschrift der Taufkirche / <i>Address of the church</i>                                                                                                                                |  |                                                                                                                                                                 |  |
| <b>Grundschule / <i>Primary School attendance of the child</i></b>                                                                                                                     |  |                                                                                                                                                                 |  |
| <input type="checkbox"/> Kein Grundschulbesuch erfolgt / <i>no attendance at Primary School</i>                                                                                        |  |                                                                                                                                                                 |  |
| Grund / <i>reason:</i>                                                                                                                                                                 |  |                                                                                                                                                                 |  |

|                                                                                                                                                                                                                  |                                                                                                            |                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------|--|
| Name der Schule / <i>Name of the school</i>                                                                                                                                                                      |                                                                                                            |                                    |  |
| Schulanschrift / <i>Address of school</i>                                                                                                                                                                        |                                                                                                            |                                    |  |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                                                                                                    |                                                                                                            |                                    |  |
| <b>Sekundarschule / <i>Secondary School attendance of the child</i></b>                                                                                                                                          |                                                                                                            |                                    |  |
| <input type="checkbox"/> Kein Sekundarschulbesuch erfolgt / <i>no attendance at Secondary School</i><br>Grund / <i>reason:</i>                                                                                   |                                                                                                            |                                    |  |
| Name der Schule / <i>Name of the school</i>                                                                                                                                                                      |                                                                                                            |                                    |  |
| Schulanschrift / <i>Address of school</i>                                                                                                                                                                        |                                                                                                            |                                    |  |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                                                                                                    |                                                                                                            |                                    |  |
| 2.                                                                                                                                                                                                               | <b>Kind der/s Urkundeninhaberin/s in Nigeria / <i>2<sup>nd</sup> Child of the applicant in Nigeria</i></b> |                                    |  |
| Name / <i>Name</i>                                                                                                                                                                                               |                                                                                                            |                                    |  |
| Geburtsstag / <i>Date of Birth</i>                                                                                                                                                                               |                                                                                                            | Geburtsort / <i>Place of Birth</i> |  |
| Anschrift / <i>Adress</i>                                                                                                                                                                                        |                                                                                                            |                                    |  |
| Telefonnummer / <i>Telephone number</i>                                                                                                                                                                          |                                                                                                            |                                    |  |
| Kindeseltern zum Zeitpunkt der Geburt verheiratet / <i>parents of the child were married at the time of the child's birth</i> <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i> |                                                                                                            |                                    |  |
| Sorgerecht / <i>Custody</i> <input type="checkbox"/> Mutter / <i>mother</i> <input type="checkbox"/> Vater / <i>father</i> <input type="checkbox"/> beide Elternteile / <i>both parents</i>                      |                                                                                                            |                                    |  |
| Sonstige Bemerkungen zu Kindern (Vaterschaftsanerkenntnis, Sorgerechtsbeschluss, etc.) / <i>other remarks concerning the children (acknowledgment of paternity, guardianship, etc.)</i>                          |                                                                                                            |                                    |  |
| <b>Kontaktdaten des anderen Elternteils des Kindes der/s Urkundeninhaberin/s / <i>contact details of the other parent of the child of the applicant</i></b>                                                      |                                                                                                            |                                    |  |
| Name / <i>Name</i>                                                                                                                                                                                               |                                                                                                            |                                    |  |
| Anschrift / <i>Adress</i>                                                                                                                                                                                        |                                                                                                            |                                    |  |
| Telefonnummer / <i>Telephone number</i>                                                                                                                                                                          |                                                                                                            |                                    |  |
| <b>Angaben zur Geburt / <i>Information in respect of the birth of the child</i></b>                                                                                                                              |                                                                                                            |                                    |  |
| Hausgeburt / <i>born at home</i> <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                                              |                                                                                                            |                                    |  |

|                                                                                                                                 |                                                                                                                                                                                                     |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| Name des Geburtskrankenhauses / <i>Name of the hospital of birth</i>                                                            |                                                                                                                                                                                                     |                                                                      |  |
| Anschrift des Geburtskrankenhauses / <i>Address of the hospital of birth</i>                                                    |                                                                                                                                                                                                     |                                                                      |  |
| <b>Taufe / <i>Baptism of the child</i></b>                                                                                      |                                                                                                                                                                                                     |                                                                      |  |
| getauft / baptised                                                                                                              |                                                                                                                                                                                                     | <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no |  |
| Name der Taufkirche / <i>Name of the church</i>                                                                                 |                                                                                                                                                                                                     | Taufdatum / <i>Date of baptism</i>                                   |  |
| Anschrift der Taufkirche / <i>Address of the church</i>                                                                         |                                                                                                                                                                                                     |                                                                      |  |
| <b>Grundschule / <i>Primary School attendance of the child</i></b>                                                              |                                                                                                                                                                                                     |                                                                      |  |
| <input type="checkbox"/> Kein Grundschulbesuch erfolgt / <i>no attendance at Primary School</i><br>Grund / <i>reason</i> :      |                                                                                                                                                                                                     |                                                                      |  |
| Name der Schule / <i>Name of the school</i>                                                                                     |                                                                                                                                                                                                     |                                                                      |  |
| Schulanschrift / <i>Address of school</i>                                                                                       |                                                                                                                                                                                                     |                                                                      |  |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                   |                                                                                                                                                                                                     |                                                                      |  |
| <b>Sekundarschule / <i>Secondary School attendance of the child</i></b>                                                         |                                                                                                                                                                                                     |                                                                      |  |
| <input type="checkbox"/> Kein Sekundarschulbesuch erfolgt / <i>no attendance at Secondary School</i><br>Grund / <i>reason</i> : |                                                                                                                                                                                                     |                                                                      |  |
| Name der Schule / <i>Name of the school</i>                                                                                     |                                                                                                                                                                                                     |                                                                      |  |
| Schulanschrift / <i>Address of school</i>                                                                                       |                                                                                                                                                                                                     |                                                                      |  |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                   |                                                                                                                                                                                                     |                                                                      |  |
| 3.                                                                                                                              | <b>Kind der/s Urkundeninhaberin/s in Nigeria / <i>3<sup>rd</sup> Child of the applicant in <u>Nigeria</u></i></b>                                                                                   |                                                                      |  |
|                                                                                                                                 | Name / <i>Name</i>                                                                                                                                                                                  |                                                                      |  |
|                                                                                                                                 | Geburtsstag / <i>Date of Birth</i>                                                                                                                                                                  | Geburtsort / <i>Place of Birth</i>                                   |  |
|                                                                                                                                 | Anschrift / <i>Adress</i>                                                                                                                                                                           |                                                                      |  |
|                                                                                                                                 | Telefonnummer / <i>Telephone number</i>                                                                                                                                                             |                                                                      |  |
|                                                                                                                                 | Kindeselterne zum Zeitpunkt der Geburt verheiratet / <i>parents of the child were married at the time of the child's birth</i> <input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no |                                                                      |  |
|                                                                                                                                 | Sorgerecht / <i>Custody</i> <input type="checkbox"/> Mutter / <i>mother</i> <input type="checkbox"/> Vater / <i>father</i> <input type="checkbox"/> beide Elternteile / <i>both parents</i>         |                                                                      |  |

|                                                                                                                                                                                             |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Sonstige Bemerkungen zu Kindern (Vaterschaftsanerkennntnis, Sorgerechtsbeschluss, etc.) /<br><i>other remarks concerning the children (acknowledgment of paternity, guardianship, etc.)</i> |                                    |
| <b>Kontaktdaten des anderen Elternteils des Kindes der/s Urkundeninhaberin/s /</b><br><b><i>contact details of the other parent of the child of the applicant</i></b>                       |                                    |
| Name / <i>Name</i>                                                                                                                                                                          |                                    |
| Anschrift / <i>Adress</i>                                                                                                                                                                   |                                    |
| Telefonnummer / <i>Telephone number</i>                                                                                                                                                     |                                    |
| <b>Angaben zur Geburt / <i>Information in respect of the birth of the child</i></b>                                                                                                         |                                    |
| Hausgeburt / <i>born at home</i> <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                         |                                    |
| Name des Geburtskrankenhauses / <i>Name of the hospital of birth</i>                                                                                                                        |                                    |
| Anschrift des Geburtskrankenhauses / <i>Address of the hospital of birth</i>                                                                                                                |                                    |
| <b>Taufe / <i>Baptism of the child</i></b>                                                                                                                                                  |                                    |
| getauft / <i>baptised</i> <input type="checkbox"/> ja / <i>yes</i> <input type="checkbox"/> nein / <i>no</i>                                                                                |                                    |
| Name der Taufkirche / <i>Name of the church</i>                                                                                                                                             | Taufdatum / <i>Date of baptism</i> |
| Anschrift der Taufkirche / <i>Address of the church</i>                                                                                                                                     |                                    |
| <b>Grundschule / <i>Primary School attendance of the child</i></b>                                                                                                                          |                                    |
| <input type="checkbox"/> Kein Grundschulbesuch erfolgt / <i>no attendance at Primary School</i><br>Grund / <i>reason</i> :                                                                  |                                    |
| Name der Schule / <i>Name of the school</i>                                                                                                                                                 |                                    |
| Schulanschrift / <i>Address of school</i>                                                                                                                                                   |                                    |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                                                                               |                                    |
| <b>Sekundarschule / <i>Secondary School attendance of the child</i></b>                                                                                                                     |                                    |
| <input type="checkbox"/> Kein Sekundarschulbesuch erfolgt / <i>no attendance at Secondary School</i><br>Grund / <i>reason</i> :                                                             |                                    |
| Name der Schule / <i>Name of the school</i>                                                                                                                                                 |                                    |
| Schulanschrift / <i>Address of school</i>                                                                                                                                                   |                                    |
| Besuchszeitraum / <i>Period of attendance</i>                                                                                                                                               |                                    |

Ich versichere, dass ich die vorstehenden Angaben nach bestem Wissen und Gewissen gemacht habe und dass sie richtig und vollständig sind. Weiterhin ist mir bewusst, dass unvollständige oder fehlende Angaben und auch die Einreichung gefälschter Unterlagen zu einer nicht erfolgreich verlaufenden Urkundenüberprüfung führen können und die ersuchende Behörde im gegebenen Fall eine Nachüberprüfung, mit Forderung der Einreichung neuer Unterlagen, verlangen kann.

*I declare that to the best of my knowledge all particulars supplied by me are correct and complete. Furthermore, I am also aware that incomplete or missing information and the submission of falsified documents may result in the document verification being unsuccessful and that the requesting authority may, in such cases, demand a re-examination and request the submission of new documents.*

Ich versichere, dass ich mit der Einsichtnahme der Registereintragungen zum Schulbesuch, Taufe, Krankenhaus, etc. einverstanden bin. Ferner beauftrage ich den mit dem Generalkonsulat der Bundesrepublik Deutschland zusammenarbeitenden Anwalt und dessen Mitarbeiter, die entsprechenden Registereintragungen einzusehen.

*I hereby declare my full consent with the document verification and therefore with the inspection of my school, baptism, hospital and further registers and records. I authorize the lawyers assigned by the Consulate General of the Federal Republic of Germany to inspect any record in question during the document verification process.*

Ich bestätige, mit der Kontaktaufnahme sowie der Befragung aller von mir angegebenen Familienmitglieder und anderer Referenzpersonen, etc., im Zuge der Urkundenüberprüfung einverstanden zu sein.

*I confirm my agreement to the contacting and interviewing of all family members and other reference people named by me as part of the document verification process.*

Weiterhin bestätige ich auch mit meiner Unterschrift meine Kenntnis, dass ungültig erklärte, gefälschte oder verfälschte Unterlagen nicht zurückversandt werden, sondern, bis zur Vernichtung nach einer Aufbewahrungsfrist von 10 Jahren, am Generalkonsulat Lagos verbleiben. Das Generalkonsulat behält sich außerdem vor, in Einzelfällen, ungültige, gefälschte oder verfälschte Unterlagen unter Umständen an die nigerianischen Behörden zu übermitteln.

*Furthermore, I confirm with my signature that I am aware that documents which have been declared invalid, forged, or falsified will not be returned but will remain at the Consulate General in Lagos until they are destroyed after a retention period of ten years. The Consulate General also reserves the right, in individual cases, to forward invalid, forged, or falsified documents to the Nigerian authorities under certain circumstances.*

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Ort, Datum (place, date)

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Unterschrift des Urkundeninhabers (signature)



## CONSENT FOR DOCUMENT VERIFICATION CONSENT AND AUTHORIZATION FOR VERIFICATION

I, the undersigned, understand that certain information and documents relating to me are required to be verified for official purposes by the Consulate General of the Federal Republic of Germany. I hereby authorize the Consulate General of the Federal Republic of Germany and/or its authorized third-party representatives to contact, approach and make enquiries with any relevant authority, institution, organization or person for the purpose of verifying the information and documents provided by me. I further authorize any such authority, institution, organization or person to disclose and provide to the Consulate General of the Federal Republic of Germany and/or its authorized third-party representatives such information, records and confirmation as may be reasonably required for the purpose of the verification, subject to applicable law.

### PERSONAL DETAILS

|                           |             |
|---------------------------|-------------|
| <b>Full Name:</b>         | <hr/>       |
| <b>Date of Birth:</b>     | <hr/>       |
| <b>Place of Birth:</b>    | <hr/>       |
| <b>Passport / ID No.:</b> | <hr/>       |
| <b>Address:</b>           | <hr/> <hr/> |

### AUTHORIZATION

I authorize the relevant authority, institution, organization or reference person to confirm and provide information relating to the documents and particulars presented by me, including where applicable:

- identity and personal particulars;
- birth, marriage, divorce, custody or other civil-status records;
- educational and professional records;
- employment or corporate records;
- court, police or other official records; and
- any other record or information specifically requested for the verification.



## CONSENT FOR DOCUMENT VERIFICATION CONSENT AND AUTHORIZATION FOR VERIFICATION

I further authorize the relevant authority or institution to permit the authorized third-party representative to inspect the relevant records, where permitted, and to obtain confirmation, copies or other supporting evidence necessary for the verification.

### USE OF INFORMATION

I understand that the information provided pursuant to this authorization will be used solely for the official verification purpose of the Consulate General of the Federal Republic of Germany for which it is requested and will be handled confidentially in accordance with applicable requirements.

### DECLARATION

I confirm that I have given this authorization voluntarily and that, to the best of my knowledge, the information and documents provided by me are true and complete.

|                                |       |
|--------------------------------|-------|
| <b>Name:</b>                   | <hr/> |
| <b>Signature / Thumbprint:</b> | <hr/> |
| <b>Date:</b>                   | <hr/> |
| <b>Place:</b>                  | <hr/> |



## CONSENT FOR DOCUMENT VERIFICATION

### CONSENT AND AUTHORIZATION FOR VERIFICATION

I, \_\_\_\_\_, hereby give my consent and authorization to the Consulate General of the Federal Republic of Germany through their authorized third-party representatives to contact and visit the family members and reference persons provided by me for purposes of this verification.

NAME:

SIGNATURE/THUMBPRINT:

DATE: