



☐ LEGALIZATION/AUTHENTICATION

☐ MISCELLANEOUS

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW FAILURE TO PRINT CLEARLY MAY DELAY YOUR APPLICATION.

- የሚረጋገጠው ሰነድ ባለቤት ከሆኑ በተራ ቁጥር 1, 2 እና 4 ላይ የሰፈሩትን መረጃዎች ብቻ ይሙሱ  
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① የአመልካች መረጃ /APPLICANT'S INFORMATION/

ለሚረጋገጥ የተራሰጠው ሰነድ በግሰሰብ ስም ከሆነ /FOR AN INDIVIDUAL /

1.1. TITLE/PREFIX	1.2. FIRST NAME	1.3. MIDDLE NAME	1.4. LAST NAME
1.5. NATIONALITY		1.6. ETHIOPIAN PASSPORT /ETHIOPIAN ORIGIN ID NUMBER (IF APPLICABLE)	

ለሚረጋገጥ የተራሰጠው ሰነድ በድርጅት ስም ከሆነ /FOR A COMPANY /

1.7. COMPANY NAME	1.8. CONTACT PERSON (IF APPLICABLE)

② ስሜን ስሚረጋገጥ የወጣው ግሰሰብ/ድርጅት አድራሻ /ADDRESS /

2.1. ADDRESS (STREET NUMBER, NAME AND APT#)	2.2. COUNTRY	2.3. Province
	2.4. CITY	2.5. ZIP CODE
	2.6. DAYTIME PHONE	2.7. EVENING PHONE
2.8. E-MAIL		

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FOR OFFICIAL USE ONLY

SERVICE DATE

REF. NUMBER

FEE PAID

RECEIPT NO

③ የኢጃንሲ መረጃ (ውክልናው በኢጃንሲ በኩል ከመሆኑ) /AGENCY INFORMATION (IF APPLICATION IS PRESENTED THROUGH AN AGENCY)

3.1. AGENCY NAME	3.2. CONTACT PERSON	3.3. TELEPHONE

④ የተለያዩ ሰነዶችን ስሚረጋገጥ የሚጠይቁ አመልካቾች ብቻ /ONLY FOR LEGALIZATION/AUTHENTICATION SERVICE APPLICANT'S/

4.1. DOCUMENT SOURCE	<input type="checkbox"/> ETHIOPIA (THROUGH MINISTRY OF FOREIGN AFFAIRS OF ETHIOPIA)	<input type="checkbox"/> US STATE DEPARTMENT
4.2. TOTAL NUMBER OF DOCUMENTS		
4.3. PLEASE LIST ALL US STATE DEPARTMENT DOCUMENT REFERENCE NUMBER BELOW IN THE BOX PROVIDE		
1	7	13
2	8	14
3	9	15
4	10	16
5	11	17
6	12	18

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PREPARED BY: NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_