EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CENSUS FORM

Civil status

IDENTITY OF THE REGISTRANT

Full name

Given name(s)

Sex

Nationality(ies)

Date and place of birth

Marital status

Number of child(ren)

POSTAL, TELEPHONE AND E-MAIL DETAILS

Postal address, telephone and e-mail

MAIN OCCUPATIONAL STATUS

Employment

Employee ☐ Self-employed ☐ Self-employed ☐

Field(s) of activity

Qualification(s)

Status

Apprenticeship ☐ Studies ☐ Scholarship holder ☐ Non-scholarship holder ☐

Programme(s)

Type of scholarship

Retirement

Retired ☐ Pre-retired ☐

Former field(s) of activity

Homemaker / other

Housewife ☐ House husband ☐

Other situation(s)

I solemnly declare that the information provided above is accurate and complete.

Done at

On

Signature