

HOMEPAGE ABOUT NIGERIA THE EMBASSY CONSULAR SERVICES TOURISM TRADE & INVESTMENTS

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Announcements: > COVID-19 PROTOCOL FOR TRAVELERS > IMPORTANT NOTICE > E-PASSPORT RENEWAL REQUIREMENTS 4:51:40

HOME > CITIZEN REGISTRATION

Citizen Registration SECTION A - PERSONAL DATA Instructions: Fill all information required on the form below. Last Name: * First Name: * Initials /Other Names: * **Maiden Name:** Contact Address: * Street Address Apt, Suite, Bldg. (optional) City State / Province / Region Postal / Zip Code Telephone Number: * Facsimile Number: Mobile Phone: * Email Address: * Please, use a valid email address; for you will be contacted through the email. SECTION B - PASSPORT INFORMATION Date Of Birth: * Passport Number: * Date Issue: * Place Of Issue: * **SECTION C - OTHER INFORMATION** Sex * Female O Male Marital Status: * Married Single Height (Ft/M): **Blood Group:** Other Medical Condition: (In Case Of Emergency) * **SECTION D - EDUCATION INFORMATION Profession:** Educational Qualification(s) With Date(s): SECTION E - EMPLOYMENT INFORMATION (OPTIONAL) **Employer: Contact Address:** Street Address Apt, Suite, Bldg. (optional) State / Province / Region City Country Postal / Zip Code **Mobile Phone:** SECTION F - NEXT OF KIN'S DATA Instructions: FILL UP YOUR NEXT OF KIN INFORMATION IN IRELAND Full Name: * Relationship: * Contact Address: * Street Address Apt, Suite, Bldg. (optional) City State / Province / Region Country Postal / Zip Code Telephone: * Instructions: FILL UP YOUR NEXT OF KIN INFORMATION IN NIGERIA Full Name: * Relationship: * Contact Address: * Street Address Apt, Suite, Bldg. (optional) City State / Province / Region Country Postal / Zip Code Telephone: * **SECTION G - PERMANENT ADDRESS IN NIGERIA** Contact Address: * Street Address Apt, Suite, Bldg. (optional) City State / Province / Region Country Postal / Zip Code Mobile Phone: *

Verification

Example: 12

Please enter any two digits *

CLICK HERE TO PROCEED