

Questionnaire for the verification of Ghanaian documents of minors

Please fill the form on the PC.

Kindly provide the Digital Addresses to every Contact Person you mention in this questionnaire.

Please keep the following things in mind:

- Click on the light blue fields to fill out this questionnaire
- No PO Box addresses
- In case the space is not enough you can continue on an extra sheet

1. Personal Information

First name

Surname

Information on all known names of the applicant

Date of Birth

2. Contact details of the mother

Mother's Name and Address including Digital Address

deceased

Phone Number

3. 3. Contact details of the father

Father's Name and Address including Digital Address

deceased

Phone Number

4. Education

never attended School

Name of the **Primary School** and address

Period of attendance (e.g. 1992 – 97)

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Name of the **Junior High School** and address

Period of attendance (e.g. 1992 – 97)

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Name of the **Senior High/Secondary School** and address

Period of attendance (e.g. 1992 – 97)

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Course attended (e.g. Science, General Arts)

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5. Contact details of siblings (You can continue on an extra sheet if necessary)

Name of sibling

--

Phone Number

--

Address

Including Digital Address

Age

--

Name of sibling

--

Phone Number

--

Address

Including Digital Address

Age

--

Name of sibling

Phone Number

Address

Including Digital Address

Age

In case you submitted a custody order fill out the following:

**6. People who were interviewed by the Court-Social Welfare
(You can continue on an extra sheet if necessary)**

Name

Phone Number

Address

Including Digital Address

Relationship

Name

Phone Number

Address

Including Digital Address

Relationship

Name

Phone Number

Address

Including Digital Address

Relationship

Name

Phone Number

Address

Including Digital Address

Relationship

I declare that to the best of my knowledge all particulars supplied by me are correct and complete.

I hereby declare my full consent with the document verification and therefore with the inspection of my school, baptism church, hospital and further registers and records.

Ort, Datum (place, date)

Signature of the parent/guardian