

**FORM
for loss of citizen-
ship of the Republic
of Kazakhstan**

Photo

Full Name (If you changed your last name, specify)	
Date of birth (dd / mm / yyyy)	
Place of Birth	
Nationality	
Education and specialty When and which training place graduated	
Date and purpose of departure abroad	
Address of previous residence in the Republic of Kazakhstan	
Residential address in the US and tel. number, e-mail	
Place of work occupied position	
Do you have relatives in the Republic of Kazakhstan and their addresses	
Passport number, which authority issued the passport, validity start date and end date	
Copies of documents issued by US authorities (certificate of naturalization or US passport)	

« _____ » _____

Signature _____