

# CERTIFICATE OF CELIBACY

This is to certify that the individual named below has declared and affirmed his/her celibacy status as of the date issued below.

**Full Name:**

**Date of Birth:**

**Nationality:**

**Passport/ID Number:**

**Current Address:**

I hereby solemnly declare that I am single and have never been married, nor am I currently in any form of marital union as recognized by law or custom.

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*Signature of Applicant*

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*Date*

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*Issuing Officer*

Issued this  day of , .