



SIMPLIFIED APPLICATION FORM FOR CULTURAL ST.MARTIN ID-CARD

CAUTION: *We trust, but verify and will revoke where and when necessary !*

APPLICANT.

1. LAST NAME:
2. FIRST & MIDDLE NAMES:
3. DATE OF BIRTH:
4. PLACE OF BIRTH:
5. NATIONALITY/-TIES:
6. CONTACT ADDRESS:
7. TELEPHONE-/CEL NUMBER:
8. EMAIL ADDRESS:
9. DO YOU HAVE A CURRENT POLICE-RECORD ? Yes No

Indicate which of the following person(s) resided on St. Maarten and/or St. Martin on/before the Landmark 1963. (January 1, 1963)

- Applicant
- Mother
- Father
- Maternal grandmother
- Maternal grandfather
- Paternal grandmother
- Paternal grandfather
- Other (mention relationship);

Signature

MEANS TO SUBMIT FORM:

1. By email; info@stmartinnation.org /infoesprit@yahoo.com
2. Plaza del Lago, Post-box # 5471
3. Fax 54 43512

REMARKS.

Approval subject to *internal verification*.
Additional information may be required.

False information can result in *rejection* application and/or *revoking* of ID-card

FOR MORE INFORMATION

Call 4343512 / 5204325 /5875207 /05 90272401