

# APPLICATION

## For Estrangement



LORD ZABID'S REGISTRY CODE REF.

**AMLZ/CEA-6**

**About the Applicant | (all fields are required, and in the English language, unless otherwise provided herein)**

HONORIFIC (IF ANY)	FULL LEGAL NAME	ANY OTHER NAMES (IF APPLICABLE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY) [IF ANY]	TELEPHONE NUMBER (IF ANY)	PASSPORT NO. (IF ANY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
[IF ANY] ADDRESS FOR THE SERVICE OF PHYSICAL DOCUMENTS	ISSUER OF PASSPORT (IF ANY)	
<input type="text"/>	<input type="text"/>	
	E-MAIL ADDRESS	
	<input type="text"/>	

**By signing this document: the Applicant does duly declare that the Estranged Persons are in a non-spousal familial relationship and have also been with no, or substantially limited, familial contact for a significant period of time that would be customarily considered as *estrangement (or alienation)* by a reasonable person.**

REASON FOR APPLICATION OF ESTRANGEMENT (INCLUDING ANY EVIDENCE OF ESTRANGEMENT) [IF ANY]

THE APPLICANT MAY ANNEX, OR ATTACH, ANY RELEVANT MATERIAL TO THIS DOCUMENT

URL TO ANY ADDENDUM (IF APPLICABLE) [OPTIONAL]      START OF ESTRANGEMENT (DD/MM/YYYY) (IF KNOWN)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### ABOUT THE ESTRANGED PERSONS

FULL LEGAL NAME #Q (if other than yourself)	FULL LEGAL NAME #G (of the other person)
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IN THIS DOCUMENT: A PASSPORT CAN BE ANY TRAVEL DOCUMENT (INCLUDING NATIONAL ID CARDS)

PASSPORT #Q (IF ANY)	ISSUER OF PASSPORT #Q (IF APPLICABLE)
PASSPORT #G (IF ANY)	ISSUER OF PASSPORT #G (IF APPLICABLE)

I, THE APPLICANT, THE UNDERSIGNED, HAVE SIGNED OFF ON THIS DOCUMENT AS TRUE AND CORRECT.

SIGNED DATE (DD/MM/YYYY) {IN CE}	SIGNATURE
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