



GHANA QUESTIONNAIRE ADULT

Verification / legalisation of documents

Please add
PHOTO

Name of spouse / fiancé / partner / father: _____

Name of spouse / fiancée / partner / mother: _____

ATTENTION:

- Please give full addresses where requested - street name, house number, neighbourhood name, city name, district name, name of a nearby store at home or describe the neighbourhood; no P.O. boxes!
- Please give valid addresses to avoid delays.
- Please give phone/mobile numbers that are accessible.
- Inform the people you have mentioned in this document of the ongoing verification process. Inform them that a lawyer/investigator can contact them.

Details of person concerned by this questionnaire

Your e-mail address: _____

Your phone number: _____

Mr. Mrs. / Miss

Family name: _____

First name(s): _____

Address: _____

Place of birth: _____

Name of the day of the week when you were born: _____

Date of birth: _____

Nationality(ies): _____

Passport number: _____

Place and date of issue: _____

Did you get previous passports? _____

Date of issue of previous passports: _____

Where are they? _____

Present civil status

single married = 1 divorced = 2 widow(er) = 3

1. If you are presently **married**:

Customary marriage Ordinance marriage Islamic marriage?

Name **present spouse/fiancé(e)**: _____

Telephone number present spouse/fiancé(e): _____

E-mail address present spouse/fiancé (e): _____

Place and date of marriage: _____

Place and date of registration: _____

2. Have you ever married before this present marriage? () yes () no

() Customary marriage () Ordinance marriage () Islamic marriage?

Name of spouse: _____

Place and date of marriage: _____

Place/date of **registration of marriage**: _____

Was the previous **marriage dissolved**? () yes () no

Place and date of divorce: _____

Place/date of **registration of divorce**: _____

3. Is your spouse deceased? () yes () no

Name of spouse: _____

Place/date of death of spouse: _____

Place/date of **registration of death** of spouse: _____

Do you have children? () yes () no

Child No 1

Complete Name _____

Place and date of birth: _____

Name of the other parent: _____

Who takes care of child no 1 (complete name, family relation, address)? _____

Child No 2

Complete Name _____

Place and date of birth: _____

Name of the other parent: _____

Who takes care of child no 2 (complete name, family relation, address)? _____

Child No 3

Complete Name _____

Place and date of birth: _____

Name of the other parent: _____

Who takes care of child no 3 (complete name, family relation, address)? _____

Child No 4

Complete Name _____

Place and date of birth: _____

Name of the other parent: _____

Who takes care of child no 4 (complete name, family relation, address)? _____

Do you stay in Switzerland now? yes no

If yes, please state date and place of entry: _____

Where and when did you obtain your entry visa? _____

Have you ever stayed in Switzerland before? yes no

If yes, please state date of sojourn, name and address of host _____

Your religion: _____

Place of worship in country of origin: _____

Were you baptized? yes no

Place and date of baptism: _____

Schooling:

Name and address of the **school** you last attended in your country of origin: _____

Name of Principal: _____

Period in years which you attended this school: **From:** _____ **To:** _____

Employer:

Name and address of current **employer** or last one, that you've worked for in your country of origin: _____

Period of years during which you worked there: _____

Personal data of BIOLOGICAL father

Family name: _____

First name(s): _____

Place and date of birth of your father: _____

Is your father deceased? yes no

If **deceased**: Place and date of death of your father: _____

If **alive**: Physical address (not P.O. Box!) of your father: _____

Telephone No of your father: _____

Personal data of BIOLOGICAL mother

Family name: _____

First name(s): _____

Place and date of birth of your mother: _____

Is your mother deceased? yes no

If **deceased**: Place and date of death of your mother: _____

If **alive**: Physical address (not P.O. Box!) of your mother: _____

Telephone No of your mother: _____

Personal data of your siblings

Sibling No 1

Family name and first name(s): _____

Complete physical address (not P.O. Box!): _____

Telephone number: _____


Sibling No 2

Family name and first name(s): _____

Complete physical address (not P.O. Box!): _____

Telephone number: _____

Please draw map of your neighbourhood (only if address is in GHANA):



DECLARATION

concerning the truthful completion of this document

I declare that I have answered the questions completely and correctly and affirm that my answers are true. I am aware that if the Embassy finds that there are contradictions or irregularities in my statements and in the submitted documents, the legalization and transmission of the documents may be significantly delayed.

INFORMATION

concerning the voluntary verification of foreign civil status documents

The recognition of foreign civil status documents for the purpose of transcription in the Swiss civil status registry is the exclusive competence of the competent cantonal civil status authority. Experience shows that many cantons require a thorough verification of the authenticity of the documents by a trustworthy person of the competent Swiss representation abroad. The transmission of the non-legalized documents to the competent civil status authority in Switzerland for examination and decision, and their return to the representation can take several weeks, if not months. In addition to this, it can take several months for a thorough verification by a trustworthy person. In order to speed up the transcription procedure, it is possible to ask the representation to carry out a thorough verification of the documents submitted directly (so-called voluntary document verification). The conditions for a voluntary verification are as follows:

- ✓ The interested parties declare that they wish to initiate the voluntary verification procedure.
- ✓ The interested parties pay an advance covering the probable costs of the verification and the representation takes care of paying the trusted person in charge of the verification directly. The applicants do not have to make any further payments to third parties. Once the procedure has been completed, the representation issues a final invoice to the interested party.
- ✓ The fees and expenses relating to the verification are due regardless of its outcome.
- ✓ The identity of the person mandated to carry out the investigations is not disclosed.

A thorough verification of civil status documents by a trustworthy person may take several months and the result of the verification is in no way binding on the civil status authority competent for the decision.

I confirm that I have read the above and accept the conditions for a voluntary verification.

AUTORIZATION

concerning the verification of authenticity of documents by a trusted lawyer of the Embassy

In order to speed up the processing of my application, I authorize the Swiss Embassy in Accra to appoint a trusted lawyer/investigator to verify the authenticity of the civil status documents submitted to the Embassy. I agree to the following procedure:

- ✓ The lawyer/investigator will verify the entries in the various registers concerned, thus ensuring the authenticity of the form of a document.
- ✓ In order to verify the authenticity of the content of a document, the lawyer/investigator will question all persons involved (i.e. the applicant, family members, friends, employers, schools, etc.).

I agree that the final report of the trusted lawyer/investigator is an integral part of the file for verification of authenticity of civil status documents (e.g. for registration of a marriage or a birth in Switzerland, the preparation of a marriage in Switzerland, the application for family reunion visa, an adoption, etc.).

I have read the above text and confirm that I have understood it.

I agree with the thorough verification of the civil status documents made by the Embassy's lawyer/investigator.

A form that is not fully completed dated and signed will be returned.

Place and date

Full name (capital letters)

Signature
