

# الجمهورية الجزائرية الديمقراطية الشعبية

People's Democratic Republic of Algeria

Consulate General of Algeria

New York



القنصلية العامة للجزائر

نيويورك

## Census Form

First name:

Last name:

Date of Birth:

Place of Birth:

Father's name:

Mother's Name:

Phone number:

Email:

Address:

I, the undersigned, would like to be registered on the list of military service census.

Date:

Signature: