



THE EMBASSY OF THE REPUBLIC OF RWANDA
TOKYO

ALIVE/MARRIAGE/BIRTH/DEATH CERTIFICATE APPLICATION FORM

Names :
Father Names :
Mother Names :
Date of Birth :

Place of birth

Sector :
District :
Province :
Country :

Country of Citizenship:

**Current Full Residence Address
(Please indicate Suburb, City, State, and Country):**

**Telephone Number: Mobile:
Residence:**

Specify Document Applied for:

(VALID ONLY FOR SIX MONTH)