



DECLARATION OF CITIZENSHIP BY A PERSON OF FULL AGE, BORN IN THE ISLAND OF IRELAND, ITS ISLANDS OR SEAS, WHO HAS LODGED A DECLARATION OF ALIENAGE UNDER SECTION 21 OF THE ACT

Please note

The Irish Nationality and Citizenship Act 1956, as amended, provides that a person who was born on the island of Ireland, who has made a declaration of Alienage under Section 21 of that Act may subsequently make a declaration of citizenship in form 5 of the Irish Nationality and Citizenship Regulations 2002, as amended (this form).

GUIDANCE ON FILLING OUT THE FORM

This form is a Statutory declaration. A Statutory declaration is a written statement, declared to be true by you in the presence of an authorised person**. By signing this declaration you are stating that you understand the form and that the facts provided in the form are true and correct to the best of your knowledge. You should complete boxes A1, A2, A3, A4, A5, A6 and A7 and your authorised witness should complete W1, W2, W3 (either W3.0, W3.1, W3.21, W3.22, W3.23, W3.24 or W3.25), W4, W5, W6, W7 and W8.

* Delete as appropriate.

** This declaration shall—

(a) if made in the territory of the State, be made before any of the following persons:

- (i) a notary public,
- (ii) a commissioner for oaths,
- (iii) a peace commissioner,
- (iv) a minister of religion stating his or her denomination and address of place of worship,
- (v) a member of Dáil Éireann or Seanad Éireann or a member of the European Parliament for a constituency within the State,
- (vi) a member of a local authority for the purpose of the Local Government Act 2001 (No. 37 of 2001),
- (vii) a barrister or solicitor,
- (viii) a registered medical practitioner for the purpose of the Medical Practitioners Acts 1978 to 2002,
- (ix) a qualified teacher who is a member of the teaching staff of a primary or secondary school or a third level institution

and

(b) if made elsewhere, be made before any of the following persons:

- (i) a person to whom section 5 of the Diplomatic and Consular Officers (Provision of Services) Act 1993 (No. 33 of 1993) applies, namely, the head of an Irish diplomatic mission, a member of the diplomatic staff of an Irish diplomatic mission a career consular officer of Ireland and an honorary consular officer appointed by the Minister for Foreign Affairs,
- (ii) a notary public, or
- (iii) any person who is, by the law of the country in which the declaration is made, a commissioner for oaths or other person authorised to take affidavits and for that purpose to administer oaths.

Send completed form to:

**CITIZENSHIP DECLARATIONS,
IRISH NATURALISATION AND IMMIGRATION SERVICE,
HEFFERNAN HOUSE,
DUNDRUM ROAD,
TIPPERARY TOWN.**

THIS FORM IS ONLY FOR PERSONS WHO WERE BORN IN THE ISLAND OF IRELAND. IF YOU WERE BORN OUTSIDE OF THE ISLAND OF IRELAND THEN YOU CANNOT RE-ACQUIRE CITIZENSHIP BY MAKING A DECLARATION OF CITIZENSHIP.



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I [NAME IN FULL A1] of [CURRENT ADDRESS A2] [born [PLEASE INSERT YOUR NAME AT BIRTH IF DIFFERENT FROM ABOVE) A3]* at [PLACE OF BIRTH], a place in the island of Ireland, its islands and seas, on [DATE OF BIRTH A4], having previously lodged a declaration of alienage under section 21 of the above Act [in the name [PLEASE INSERT YOUR NAME AS GIVEN ON YOUR DECLARATION OF ALIENAGE IF DIFFERENT FROM ABOVE A5]*, hereby declare myself to be an Irish citizen.

Signed: [SIGNATURE A6] Date: [DATE A7]

Declared before me [NAME OF WITNESS IN CAPITALS W1] a** [INSERT QUALIFICATION] by [NAME OF APPLICANT W2] [who is personally known to me], [W3.0]

OR [who was identified to me by [NAME W3.1] who is personally known to me],

OR [whose identity has been established to me before the taking of this declaration by the production to me of:

passport no. [PASSPORT NUMBER W3.21] issued on [DATE OF ISSUE W3.21] by the authorities of [ISSUING STATE W3.21], which is an authority recognised by the Irish Government

OR national identity card no. [IDENTITY CARD NUMBER W3.22] issued on [DATE OF ISSUE W3.22] by the authorities of [ISSUING STATE W3.22], which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement

at [PLACE OF SIGNATURE W4] this [DAY W4] day of [MONTH AND YEAR W4].

SIGNATURE OF WITNESS: [W5]
NAME OF WITNESS: (CAPITALS) [W6]
ADDRESS OF WITNESS: [W7]
DAY-TIME TELEPHONE NUMBER: [W8]

WITNESS TO COMPLETE