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سفارة دولة اريتريا

EMBASSY OF THE STATE OF ERITREA

STOCKHOLM, SWEDEN

APPLICATION FOR TEMPORARY ERITREAN ID CARD
ONLY FOR AGES OF 18 -25

(PLEASE USE CAPITAL LETTESR)

1. Full Name (as in Passport) _____
2. Sex _____ 3. Date & Place of Birth _____
4. Place of Origin _____
5. Passport No. _____
6. Father's Name _____
7. Father's Eritrean ID Card No. _____
8. Mother's Name _____
9. Mother's Eritrean ID Card No. _____
10. Address _____
11. Tel _____

FOR OFFICIAL USE ONLY

Decision taken: _____

Remarks: _____

Date: _____ Name & Signature of Authority _____