



# Ministry of Internal Affairs

Office of Immigration and Citizenship



## Form GP-100: Application for Citizenship

Version as of 19 April 2024

**READ CAREFULLY: Write legibly on all parts of your application. Failure to do so may result in the denial of your application.** Read all parts of the form carefully and put your best effort into your responses. Clearly incorrect information or applications completed with minimal effort will be promptly denied. If you need additional space on your application, please attach additional sheets of paper, and note on the question in which you need additional space that you have attached additional sheets of paper. Please label these papers clearly so that the Office of Immigration and Citizenship can easily read your application.

Once you complete the application, please email the entirety of the completed application form to the email address **internalaffairs@gapl.gov.org**. You will receive a decision by the email in which you sent the file within three weeks of submission. Optionally, you may mail your application to the nearest Gaplan embassy, representative office, or consulate general. If you decide to do so, please include the local equivalent of around of fifty (50) Gapla Dollars to cover postage, otherwise, your application will be promptly denied.

Note that an online, digital version of this application is available at the URL below.

**<https://secure.gapl.gov.org/citizenship>**

### FOR OFFICIAL USE ONLY

Tampering with this space will result in the immediate denial of your application.

**Application Number**

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**Status Code**

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**Date Received**

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**20**

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**Deliberation Code**

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**RF**

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**GD**

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**KW**

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**AA**

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**ONI**

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# Section 1: Personal Information

## 1. GIVEN NAME(S)

Provide your legal given name(s).

## 2. SURNAME(S)

Provide your legal given surnames(s).

## 3. DATE OF BIRTH

Year

If unknown, please provide your best estimate.

Month

Day

## 4. Indicate your biological sex.

MALE

FEMALE

AMBIGUOUS/INTERSEX

## 5. If different from your biological sex, indicate the gender you identify with.

MALE

FEMALE

NONE OF THE ABOVE

## 6. In which city were you born?

Provide nomenclature at the time of birth, not in the present day.

## 7. In which country were you born?

Provide nomenclature at the time of birth, not in the present day.

## 8. In which city do you currently reside?

Provide the current nomenclature.

**9. In which country do you currently reside?**

Provide the current nomenclature.

**10. How would you describe your race or ethnicity?**

This information will not be used in the decision process.

If you are selected, it will only be used for demographic purposes.

## **Section 2: Questions**

**11. What is your motivation for seeking Gaplan citizenship? Additionally, if granted citizenship, how do you envision contributing to the Federated States of Gapla?**

**Write a detailed description of why you want Gaplan citizenship. Responses which do not clearly articulate the reason for wishing to obtain Gaplan citizenship will be denied.**

**12. Have you EVER held and subsequently lost Gaplan citizenship? If so, please provide details regarding the circumstances.**

If this does not apply, please leave this field blank.



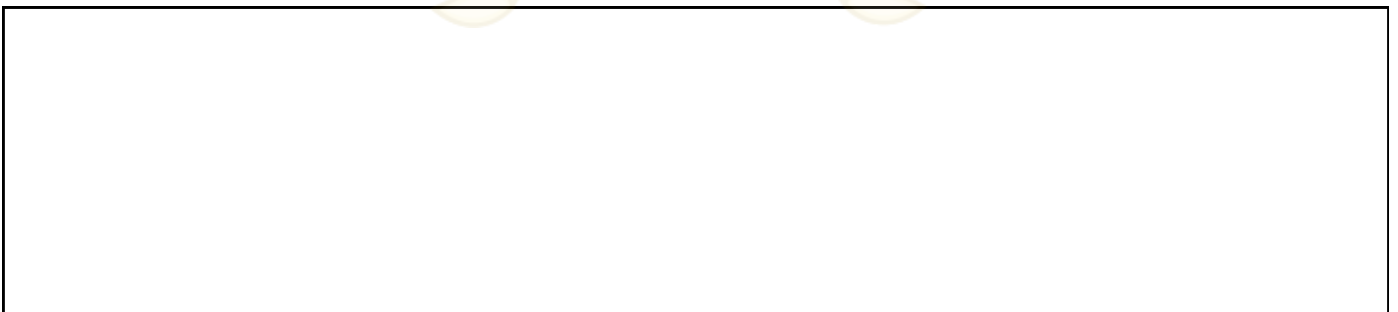
**13. Have you EVER been previously denied citizenship in the Federated States of Gapla? If so, please elaborate on your reasons for reapplying and describe any changes or developments since your last application.**

If this does not apply, please leave this field blank.



**14. Have you EVER been involved in or convicted of criminal activity? If so, please provide details of the circumstances here.**

If this does not apply, please leave this field blank.



**15. If you have EVER had a previous legal name, please list them here along with the reason for the name change.**

If this does not apply, please leave this field blank.



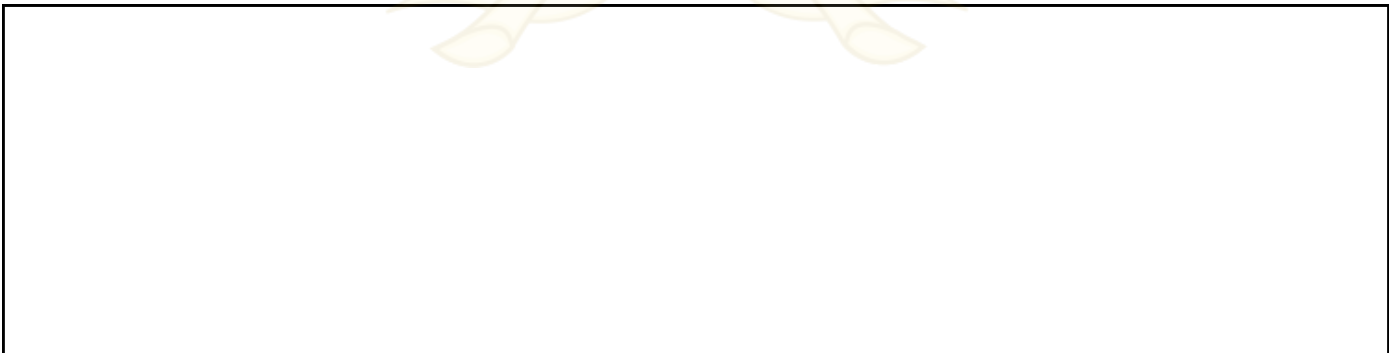
**16. Please provide a list of your citizenships or memberships in any entity that claims to be a sovereign state, regardless of Gaplan recognition.**

If you are stateless, please leave this field blank.



**17. If you have any additional information you wish to share with the Office of Immigration and Citizenship, please note it here.**

If this does not apply, please leave this field blank.



**BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:**

**Failure to provide a valid signature will result in the immediate denial of your application.**

I solemnly affirm, under the penalty of perjury, that the information provided in this citizenship application is true, complete, and accurate to the best of my knowledge. I confirm that no aspect of this application has been intentionally distorted, misrepresented, falsified, or omitted, and that it provides all necessary context required by the Office of Immigration and Citizenship to make an informed decision.

I acknowledge that the Federated States of Gapla is a legitimate sovereign state under international law, and by applying for citizenship, I agree to adhere to Gaplan laws and regulations. I understand that the Ministry of Internal Affairs retains the authority to revoke citizenship or any associated documents issued by the Federated States of Gapla, without limitation.

Furthermore, I fully consent to the utilization of my personal information for the purpose of processing this citizenship application and for official government communications.

**Authorized Signature**

**Date**

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**Thank you for applying for Gaplan citizenship.**

Please check over the entire application for accuracy and legibility. Once finished, read the instructions at the top of this document for directions on how to submit this application.