

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title/Position]
[Recipient Address]
[City, State, Zip Code]

Subject: Affidavit of Dual Citizenship

I, [Your Full Name], born on [Your Birth Date] in [Your Birthplace], hereby affirm the following:

1. I hold citizenship in [Country 1] and [Country 2].
2. I am a resident of [Your Current Country/State].
3. I possess valid passports from both countries, numbers [Passport Number 1] and [Passport Number 2].
4. My intention is to maintain dual citizenship in accordance with the laws of both [Country 1] and [Country 2].
5. I understand my rights and responsibilities as a dual citizen, including [mention any specific obligations, if applicable].

I affirm that the aforementioned statements are true to the best of my knowledge and belief.

Sincerely,

[Your Signature]
[Your Printed Name]