



الجمهورية الجزائرية الديمقراطية الشعبية  
People's Democratic Republic of Algeria

Ministry of Foreign Affairs

وزارة الشؤون الخارجية

Embassy of Algeria in Washington, D.C

سفارة الجزائر بواشنطن

Blood Type Sworn Statement

I, the undersigned: \_\_\_\_\_

Born on: \_\_\_\_\_ At: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Registered at the Embassy of Algeria under N° \_\_\_\_\_ Date: \_\_\_\_\_

Declare, and under my sole responsibility that:

-My blood type is \_\_\_\_\_

-My son's, daughter's \_\_\_\_\_ blood type is: \_\_\_\_\_

Washington, D.C

Date:

Applicant/ Guardian Signature: