

10. MARITAL STATUS

single		married		divorced		widowed	
yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

11. DID YOU SUFFER FROM ANY INFECTIOUS DISEASE DANGEROUS FOR PUBLIC HEALTH?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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12. HAVE YOU EVER BEEN CHARGED OF ANY CRIMINAL OFFENCES ANYWHERE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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13. HAVE YOU EVER BEEN LIMITED OR PROHIBITED FROM AN ENTRY TO UKRAINE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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IF "YES", PLEASE SPECIFY WHERE

14. HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM UKRAINE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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15. PURPOSE OF YOUR JOURNEY?

16. DURATION OF STAY IN UKRAINE

number of days months

<input type="text"/>	<input type="text"/>
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17. DATE OF PROPOSED ENTRY TO UKRAINE

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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18. POINT OF ENTRY TO UKRAINE

19. MEANS OF TRANSPORT FOR ENTRY TO UKRAINE

20. NAME AND ADDRESS OF ORGANIZATION WHICH INVITES

NAME AND ADDRESS OF PRIVATE PERSON WHO INVITES