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Attached with
half length - photo
(portrait 4.5 x 6 cms.)
(No hat allowed)

Photographed on.....

Personal Record

1. Title
First Name.....
Middle Name.....
Last Name
Gender..... Age (years and months).....
2. Previous Name(if any)Certificate of Changing of
Name.....
Previous last name (if any)
Certificate of Changing of last name
Nickname or Other Names (if any)
Reason(s) of Change of Name or Last Name
3. Identification Number.....
4. Date of Birth.....Office of Birth Registration and
Hospital at Birth
Ethnicity.....Nationality.....Religion.....
Religious Conversion (if any)
.....
.....
Original Nationality.....Certificate of Nationality Conversion
5. Address of House RegistrationVillage.....
Village Number.....
Alley/ Lane.....Road.....Sub-district /Sub-area
.....
District/Area.....Province.....
Telephone Number

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6. Present Address Village
Village Number.....
Alley/ Lane.....Road.....
Sub-district /Sub-area
District/Area..... Province.....
Telephone.....
Contact Information: Telephone.....Mobile Phone.....
E mail.....
Line ID.....Facebook.....Instagram.....
Others.....
7. **For the case of Alien / Highlander**
Number of Alien Certificate
Date of Issue (y/m/d)
Place of Issue (District/Area / Province)
.....
Number of Certificate of Residence
Date of Issue (y/m/d)
Place of Issue (District / Area / Province)
.....
Number of Residential Identification
.....
Country at Birth.....
Year / month / date of entering into Thailand.....
Number of Work Permit License.....
Issued by
Date of Issue.....
Date of Expiration of Work Permit License
8. Height.....cms. Weight.....kgs.
Blemish.....Blood Type.....

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9. Addresses lived within the last 15 years (in Chronological Order)

Years(B.E.)		House No.	Sub-district /Sub-area	Road	District/Area Province	Country
From	To					

10.Educational Background (In Chronological Order)

Years (B.E.)		Institution	Degree (Major)	Grade Point Average (G.P.A)
From	To			

11.Extracurricular Activity (during the period of college such as Committee of Student Union,President of Sport Club etc.)

Years (B.E.)		Institution	Responsibility
From	To		

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12. Knowledges of Thai dialects or Language Skills (please identify level of skill as “very good”, “good” or “fair”)

Language(s)	Reading Skill	Listening Skill	Writing Skill	Speaking Skill

13. Working Experiences (In Chronological Order : Private Sector(s) / Civil Service(s))

Years (B.E.)		Employer/Governmental Bureau	Position	Reasons of Resignation or Transference
From	To	Location and Telephone number		

14. Other Extra Professions and Hobbies

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15. Background of Military Service

At present, I have been employed as a military Officer or Reserved Military Officer
..... or Reserve Troops
Rank.....
Military Insignia.....
Military Area.....
Location of Military Area.....
Serving From..... To.....
Number of Years in Duties
Reasons of Resignation.....
Name of the most recent immediate Commander.....
Deployment of Special Mission (s).....
on (Y/M/D)..... Period of deployment (numbers of weeks / months/ years)
.....
.....
Exempted By

16. If you ever pursued career as a writer, please provide details of titles of articles written, pseudonyms along with name of the books, editors, printing presses, advertisers and date of publication. (This is included of being a blocker or an influential thinker through a social media)

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17. Have you ever been a part of political party, association, club or organization (related to politics, profession, etc.) or participated in political activities (Past-Present) including being member of group(s) of social media?

Years(B.E.)		Name	Place	Membership Number
From	To			

18. Overseas Trip (s) (In Chronological Order)

Years(B.E.)		City and Country	Objective / Scholarship Received
From	To		

19. Identification Document (For example, Government Officer Identification Card, Driving license, Passport, Alien Identity Certificate etc.)

Type of Document	Number	Place of Issue	Date of Issue/Expiration Date

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20. Have you ever been sued in civil case(s) or criminal one(s)? (Except for the fault relating to traffic violation / minor punishment)

Date Month Year	Place of incident (s)	Accusation	Decision

In case you ever subject to disciplinary action

.....
.....
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.....

21. Parents

Details	Father	Mother
Title/ Rank , Name, Last name		
Date of Birth		
Office of Birth Registration		
Identification Number		
Ethnicity and Religion		
Original Ethnicity and the Present One		
Current Address and Telephone Number		
Profession or Position		
Work Place and /Telephone Number		

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22. Marital Records (both registered and non-registered one(s))

(Please mark X in the blank correctly)

☐ Single ☐ Engaged ☐ Married ☐ Widow ☐ Separated ☐ Divorced

Details	Ex-Fiancé or Ex-Spouse	Fiancé or Spouse
Title/ Rank , Name , Last Name (previous one)		
Date of Birth		
Office of Birth Registration		
Ethnicity and Religion		
Original Nationality and the Present one		
Profession and Current Position		
Work Place and Telephone Number		
Date of Marriage or Engagement (Y/M/D)		
Office of Registration of Marriage		
Current Address and Telephone Number		
Date of Registration of Divorce (Y/M/D)		
Office of Registration of Divorce		
Cause (s) of Divorce		
Most Recent Address prior to Death or Divorce		

Note: If you had various records of engagements, marriages or divorces , please kindly write more details in the same above-mentioned format on a separated sheet .

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23. Children

Details	1	2	3	4
Title/Rank ,Name, Last name				
Date of Birth (Y/M/D)				
Ethnicity, Nationality, Religion				
Current Address				
Profession and Position (Job title)				
Name of School or College /Work Place				
Telephone Number				

24. Biological Siblings including their Husbands and Wives

Details	1	2	3	4
<u>Siblings</u> Title / Rank, Name, Last name				
Date of Birth				
Ethnicity, Nationality, Religion				
Identification Number				
Current Address				
Profession and Position				
Name of School or College or WorkPlace				
Telephone Number				

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<u>Husband or Wife of your siblings</u> Rank / Tittle, Name,Original Last name				
Ethnicity, Nationality, Religion				
Profession and Position				
Name of School or College or Work Place				
Telephone Number				

Noted: If you had various records of your biological siblings , paternal siblings , maternal siblings or adopted siblings , please write more details in the same above-mentioned format on a separated sheet .

25. Please kindly provide names of relatives who are employed as civil servants or working in the governmental organizations.

Details	1	2	3	4
Title/ Rank , Name, Last Name				
Relationship				
Ethnicity, Nationality, Religion				
Profession and Position				
Name of School / College or Work Place				
Current Address and Telephone Number				

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26. Relatives, Friends or Acquaintances Overseas

Details	1	2	3	4
Title/ Rank Name Last Name				
Relationship				
Ethnicity, Nationality, Religion				
Profession and Position				
Name of School or College or Work Place				
Current Address and Telephone Number				
Reason (s) for living abroad				

27. Present Household Members

No.	Title/Rank Name Last name	Relationship
1		
2		
3		
4		
5		

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28. Close acquaintances and People in Frequent Contact (except for relatives, previous employers or expatriates).

Title/ Rank Name Last name	Number of years of recognition	Ethnicity, Nationality, Religion	Current Address , Telephone Number	Work Place and Telephone Number

29. Benefactors (from the past until present / excluding biological parents)

Title/ Rank Name Last Name	Ethnicity, Nationality, Religion	Current Address and Telephone Number	Work Place and Telephone Number

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30. Unreported biography and other exclusively personal notification

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(If there is other information to report, please use another sheet of paper to attach to this one)

I certify that all statements given in this application is
True and acknowledge....(Government Agency).....to collect/use this personal record
for proceed according to regulations of the office of the prime minister on national security
B.E.2552

Signature
of Owner of Record

()

Signature
of Supervisor who compiled this record

()

(Name / Rank to be filled with Clear Handwriting)

Recorded on(Y/M/D)

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Map of Present Residence

Address.....Name of Village.....

Village Number.....

Alley/ Lane.....Road.....

Sub-district /Sub-area

District/Area.....Province.....

Telephone Number.....

Holder of House Registration

Telephone Number

Person to be notified in case of emergency(Title/ Rank Name Last Name)

.....

RelationshipAddress.....

Name of Village.....Village number.....

Alley/ Lane..... Road.....

Sub-district /Sub-area

District/Area..... Province.....


Telephone.....

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(Please draw a map beneath)



Signature

of Owner of Record

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Drawn on (Y/M/D).....

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