

Registration Form

Please tick as applicable !

Please see back page for more information!

FAMILY NAME or SURNAME (in capital letters), academic title (abbreviated)					
FIRST NAME acc. to birth certificate (for foreigners acc. to travel document)					
Maiden name					
DATE OF BIRTH	GENDER male <input type="checkbox"/> female <input type="checkbox"/>		RELIGIOUS AFFILIATION		
PLACE OF BIRTH acc. to travel document (for Austrian citizens also acc. to birth certificate); federal province (Austria) and country (for foreigners)					
MARITAL STATUS <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> civil partnership <input type="checkbox"/> divorced <input type="checkbox"/> dissolved civil partnership <input type="checkbox"/> widowed <input type="checkbox"/> surviving civil partner					
NATIONALITY Austria <input type="checkbox"/> other country <input type="checkbox"/> ⇒ name of country:					
ZMR (central residence register) number (if known):					
TRAVEL DOCUMENT (for foreigners) such as passport or ID: number: _____ date of issue: _____ issuing authority, country: _____					
REGISTRATION of the following address	Street (place, square) or town if without street name		House number	Apartment building/Stiege	Door/apartment number
	Postal code	City/town, federal province			
Is this address your main residence: yes <input type="checkbox"/> no <input type="checkbox"/>					
If no, main residence is in.....	Street (place, square) or town if without street name		House number	Apartment building/Stiege	Door/apartment number
	Postal code	City/town, federal province			
Are you moving to Austria from abroad? no <input type="checkbox"/> yes <input type="checkbox"/> ⇒ please indicate country of origin:					
CANCELLATION of the following address	Street (place, square) or town if without street name		House number	Apartment building/Stiege	Door/apartment number
	Postal code	City/town, federal province			
Are you moving abroad? no <input type="checkbox"/> yes <input type="checkbox"/> ⇒ please indicate country you are moving to:					
In case of registration: Landlord (name in capital letters, date and signature)			Date and signature of person responsible for registration (confirmation that information provided is correct)		