

## REGISTRATION FORM

Please tick as applicable ☐

Please see back of page for more information!

FAMILY NAME (in capital letters), academic title (abbreviated)				
FIRST NAME according to birth certificate (for foreigners according to travel document)				
Maiden name				
DATE OF BIRTH	GENDER male <input type="checkbox"/> female <input type="checkbox"/>		Religious affiliation	
PLACE OF BIRTH according to travel document (for Austrian citizens also according to birth certificate)				
NATIONALITY Austria <input type="checkbox"/> other country <input type="checkbox"/> → name of country				
ZMR ( <i>central residence register</i> ) number (if known)				
TRAVEL DOCUMENT for foreigners Type, e.g. passport, identity card: _____ date of issuance: _____ number: _____ issuing authority, country: _____				
REGISTRATION of the following address ...	Street (place, square) or town name if without street name	House number	Apartment building, staircase	Door/apartment number
	Postal code	City/town, province		
Is this address your main residence: yes <input type="checkbox"/> no <input type="checkbox"/>				
If no, main residence is ...	Street (place, square) or town name if without street name	House number	Apartment building, staircase	Door/apartment number
	Postal code	City/town, province		
Are you moving to Austria from abroad? no <input type="checkbox"/> yes <input type="checkbox"/> → please indicate country				
CANCELLATION of the following address ...	Street (place, square) or town name if without street name	House number	Apartment building, staircase	Door/apartment number
	Postal code	City/town, province		
Are you moving abroad? no <input type="checkbox"/> yes <input type="checkbox"/> → please indicate country				
In case of registration: Landlord (name in capital letters, signature)		Signature of person responsible for registration (confirming that information provided is correct)		