

## REGISTRATION FORM FAMILY

|                                       |   |   |                        |
|---------------------------------------|---|---|------------------------|
| <b>New adress in Dornach / street</b> | <b>Number</b>                                     | <b>Floor</b>                                      | <b>Number of rooms</b> |
| <input type="checkbox"/> room tenant  | <input type="checkbox"/> housing/apartment tenant | <input type="checkbox"/> owner of house/apartment |                        |
| c/o Adresse:                          |   |   |                        |

|                                   |  |
|-----------------------------------|--|
| <b>Date of arrival in Dornach</b> |  |
|-----------------------------------|--|

| <b>Person 1</b>  |  | <b>Spouse</b>  |  |
|--|--|--|--|
| Name   |  | Name   |  |
| First name   |  | First name   |  |
| Name before marriage   |  | Name before marriage   |  |
| Date of birth  |  | Date of birth  |  |
| Place of birth   |  | Place of birth   |  |
| Nationality  |  | Nationality  |  |
| <input type="checkbox"/> employed                                | <input type="checkbox"/> self-employed | <input type="checkbox"/> employed                                | <input type="checkbox"/> self-employed |
| <input type="checkbox"/> education / internship / apprenticeship |  | <input type="checkbox"/> education / internship / apprenticeship |  |

| <b>Civil status</b>  |               |                                    |
|--|---------------|------------------------------------|
| <input type="checkbox"/> single                                  | Date          |                                    |
| <input type="checkbox"/> married                                 | since:        |                                    |
| <input type="checkbox"/> divorced                                | since:        |                                    |
| <input type="checkbox"/> widowed                                 | since:        |                                    |
| <input type="checkbox"/> <i>separated:</i>                       | <i>since:</i> |                                    |
| <input type="checkbox"/> <i>separate residence (temporarily)</i> | <i>since:</i> |                                    |
| <input type="checkbox"/> <i>judicially separated</i>             | <i>since:</i> | <i>With / from name and adress</i> |



| Religion                                    |                                      | Religion of spouse                          |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> protestant         | since birth <input type="checkbox"/> | <input type="checkbox"/> protestant         | since birth <input type="checkbox"/> |
| <input type="checkbox"/> roman-catholic     |                                      | <input type="checkbox"/> roman-catholic     |                                      |
| <input type="checkbox"/> christian-catholic |                                      | <input type="checkbox"/> christian-catholic |                                      |
| <input type="checkbox"/> other              | Registration since:                  | <input type="checkbox"/> other              | Registration since:                  |

| Health insurance | Health insurance |
|------------------|------------------|
|                  |                  |

|   |   |
|---|---|
| <b>Is your spouse (abroad) employed?</b><br>(non-working spouse and their minors abroad must have an health insurance in Switzerland) | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
|---|---|

| Minor children (only if they live in Dornach) |   |                  |   |
|---|---|------------------|---|
| Name  |   | Name             |   |
| First name                                    |   | First name       |   |
| Date of birth                                 |   | Date of birth    |   |
| Religion                                      |   | Religion         |   |
| Health insurance                              |   | Health insurance |   |
| Owner custody                                 | <input type="checkbox"/> Mother <input type="checkbox"/> Father | Owner custody    | <input type="checkbox"/> Mother <input type="checkbox"/> Father |

|                  |   |                  |   |
|------------------|---|------------------|---|
| Name             |   | Name             |   |
| First name       |   | First name       |   |
| Date of birth    |   | Date of birth    |   |
| Religion         |   | Religion         |   |
| Health insurance |   | Health insurance |   |
| Owner custody    | <input type="checkbox"/> Mother <input type="checkbox"/> Father | Owner custody    | <input type="checkbox"/> Mother <input type="checkbox"/> Father |

|                            |  |
|----------------------------|--|
| <b>Last address (town)</b> |  |
|----------------------------|--|

|                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| <b>Do you have a dog?</b> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|---------------------------|------------------------------|-----------------------------|

|                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| <b>Existence of guardianship?</b> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|-----------------------------------|------------------------------|-----------------------------|

|                     |              |
|---------------------|--------------|
| <b>Phone number</b> | <b>Email</b> |
|---------------------|--------------|

|                |
|----------------|
| <b>Remarks</b> |
|----------------|

|             |
|-------------|
| <b>Date</b> |
|-------------|

|                  |                         |
|------------------|-------------------------|
| <b>Signature</b> | <b>Signature spouse</b> |
|------------------|-------------------------|

|   |
|---|
| With my signature I certify the correctness of the above-mentioned personal data. |
|---|

## CHECKLIST REGISTRATION

| Foreigners, which are coming to Switzerland the <u>first time</u>                                   | Foreigners, which are coming from Switzerland   | Swiss citizen   |
|---|---|---|
| <input type="checkbox"/> passport or identity card  | <input type="checkbox"/> passport or identity card  | <input type="checkbox"/> Confirmation deregistration  |
| <input type="checkbox"/> Contract of employment or student certificate                              | <input type="checkbox"/> Residence permit with stamp of deregistration                              | <input type="checkbox"/> Document of place of origin  |
| <input type="checkbox"/> Copy of tenancy agreement  | <input type="checkbox"/> Copy of tenancy agreement  | <input type="checkbox"/> Copy of tenancy agreement  |
| <input type="checkbox"/> Proof of the swiss health insurance  | <input type="checkbox"/> Proof of the swiss health insurance  | <input type="checkbox"/> Proof of the swiss health insurance  |
| <input type="checkbox"/> Proof of solvency (if no contract of employment)                           | <input type="checkbox"/> Contract of employment (L+B Permit) or student certificate)                | <input type="checkbox"/> With children: Birth certificate   |
| <input type="checkbox"/> Proof of civil status (marriage certificate, divorce decree etc)           | <input type="checkbox"/> Proof of civil status (marriage certificate, divorce decree etc)           | <input type="checkbox"/> Custody decision by divorced or non-married partents                       |
| <input type="checkbox"/> Birth certificate  | <input type="checkbox"/> Birth certificate  | <input type="checkbox"/> Consent form for movement of children when married parents live separately |
| <input type="checkbox"/> Custody decision by divorced or non-married partents                       | <input type="checkbox"/> Custody decision by divorced or non-married partents                       |   |
| <input type="checkbox"/> Consent form for movement of children when married parents live separately | <input type="checkbox"/> Consent form for movement of children when married parents live separately |   |
| <input type="checkbox"/> Stay request for not working people from EG/EFTA or third countries        | <input type="checkbox"/> Form „Coming from another county“ (only for third countries)               |   |
| <input type="checkbox"/> Family immigration application   |   |   |
| <input type="checkbox"/> Application for residence for non-employed persons EU/EFTA or third states |   |   |

