PLEASE FILL OUT IN LEGIBLE CAPITAL LETTERS CHECK ALL WHICH APPLIES

Received on

_ast Name (in CAPITAL LETTERS)	
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Address

In Completing my Application for

Issuance of a new Austrian passport
Change(s) made in passport
Issuance of proof of citizenship
Issuance of an Austrian identification card

I submit the following **STATEMENT**:

Personal- and Contact Data:

Last- and First name of Applicant:	
Date of Birth (in numbers: Day/Month/Year)	/ /
EMAIL:	
Telephone No. during the day	

Marital Status:

Single
Married since: / / Registered Partnership since: / /
to/with: born on: Citizenship(s):
Divorced since: / /
Annulment of registered partnership on: / / from: born on: Citizenship(s)
Widowed since: / /

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Residence in Austria:

I have neither a primary nor secondary residence in Austria: (that is, no officially registered residence)		
I have a residence in Austria Address: Primary Residence Secondary Residence		

Data on Citizenship:

I possess solely Austrian citizenship			
I possess the following other citizenship(s):			
I acquired this citizenship(s):			
through declaration of intent (applied for))			
through marriage			
other reason			
I have been granted permission to keep my Austrian citizenship should I acquire foreign citizenship Date granted (in numbers: Day/Month/Year): / /			
Granted by:			

YES	NO	
		I voluntarily joined the military service of a foreign country beyond that of compulsory military service.
		I have renounced my Austrian citizenship
		My Austrian citizenship was revoked
		I worked voluntarily as a civil servant for a foreign country prior to 7.1.1966.

I affirm that I have not withheld any information and that the data contained in my statement corresponds to the truth. I am fully aware that any false statement is punishable by law (imprisonment, fine) and that this can lead to subsequent suspension of my passport / proof of citizenship / identification card. Should I acquire foreign citizenship, I will immediately notify Austrian officials responsible for my residential district.

Place and Date

Signature of Applicant or Legal Guardian