

PLEASE FILL OUT FORM IN LEGIBLE CAPITAL LETTERS
CHECK ALL WHICH APPLIES

For official use

Last Name (in CAPITAL LETTERS)
Address

In Completing the Application for My Child as a Minor

First Name(s) Last Name.....

born on (DD/MM/YYYY)

for

<input type="checkbox"/>	Issuance of an Austrian passport
<input type="checkbox"/>	Issuance of certificate of citizenship
<input type="checkbox"/>	Issuance of an Austrian identification card

I submit the following **STATEMENT** for my child:

Details of person making the declaration:

First and Last Name:	
Date of Birth (DD/MM/YYYY)	
Email:	
Daytime Telephone:	

Residence in Austria:

<input type="checkbox"/>	My child has neither primary nor secondary residence in Austria (that is, no officially registered residence)
<input type="checkbox"/>	My child has a residence in Austria Address: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence

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Data on Citizenship:

<input type="checkbox"/>	My child possesses solely Austrian citizenship
<input type="checkbox"/>	My child possesses the following other citizenship(s): My child acquired this citizenship(s): <input type="checkbox"/> at birth <input type="checkbox"/> through declaration of intent (applied for) <input type="checkbox"/> through marriage <input type="checkbox"/> other reason:
<input type="checkbox"/>	My child has been granted permission to keep Austrian citizenship should she acquire foreign citizenship Date granted (DD/MM/YYYY): Granted by:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	My child has voluntarily relinquished Austrian citizenship
<input type="checkbox"/>	<input type="checkbox"/>	I renounced Austrian citizenship for my child

I affirm that I have not withheld any information and that my statements are true.

I am fully aware that any false statement is punishable by law (imprisonment, fine) and can lead to cancellation of my child's passport / proof of citizenship / identification card.

Should I or my child acquire a foreign nationality, I will immediately notify the Austrian Embassy or Consulate responsible for my residential district.

Place and Date

Applicant's Signature