OFFICE OF IMMIGRATION AND NATIONALITY

DATASHEET FOR ISSUANCE OF REGISTRATION CERTIFICATE AND NOTIFICATION OF RESIDENCE

Date of document issuance initiation: ____ Year __Month __ Day	Number: I_I_I_I_I_I_I_I_I_I_I
Title of document issuance: □ business activity □ studies □ family member □ other	[Signature of applicant (or legal representative) The signature must completely be within the frame!

I. Personal data of applicant			
Name of holder 1. Family name: _____ 2. First name(s): _____			
Family name at birth 3. Family name: _____ 4. First name(s): _____			
Mother's name at birth 5. Family name: _____ 6. First name(s): _____			
Place of birth 7. country: _____ 8. city: _____			
9. Date of birth:	____ Year	__ Month	__ Day
10. Sex:	Male: □	Female: □	
11. Nationality:	_____		
12. Marital status:	□ Unmarried □ Divorced	□ Married	□ Widowed
II. Applicant's passport ir identity card data			
21. specify the type of document:	□ travel document □ identity card		
22. Number of document:			
23. type of travel document:	□ private passport □ other	□ service passport	□ Diplomatic passport
Place of issue 24. country: _____ 25. city: _____			
26. Date of issue:	____ Year	__ Month	__ Day
27. Validity:	____ Year	__ Month	__ Day

III. Data of applicant's accommodation in Hungary
31. ZIP code: ____ 32. City: _____ District: __ 33. name of public domain: _____ 34. type of public domain (road, street, square etc.) _____ 35.House number/Lot number: _____ building: ____ staircase : ____ floor: __ door: __
36. Title of residence: □ I declare that I am the owner of the above mentioned property. □ I attach the statement of consent of the owner or of the person entitled to use the above mentioned property.
IV. Other Data
41. For the period of the stay in Hungary do you have full health insurance? □ Yes □ No, I will cover the costs of health insurance myself
42.To the best of your knowledge, do you suffer from HIV/Aids, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are a carrier of HIV, hepatitis B, typhoid or paratyphoid? Yes □ No □ 43. If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy? Yes □ No □

44. **Place of permanent or usual residence prior to entering Hungary**: Country: City: Public Place:
45. **Which country do you wish to return to after the legal residence?** Country:
I confirm that the above information is true and valid. Date: _____ _____ Signature
For official use only! I allow the issuing of the registration certificate for the applicant. Date: .... (Signature, seal) Number of issued document: _____ I have receieved the registration certificate. Date: .... (Signature of applicant) In case of renewal number of the revoked residence card: .....

Fee stamps: