Questionnaire for foreigners – Request for residence

Surname:		First Name(s)	:	
Marital status:since:		Religion:		Sex:
Date of birth:		N° AVS:		
Passport/Identity-card-Nbr.:				
Date of issue:		expiration Dat	e:	
Place of birth (Country and City):				
Nationality:				
Phone Number:		E- Mail:		
Surname of father:		First name(s):	:	
Surname & Maiden name of mother:		First name(s):	:	
Correspondence language for tax declarat	French			
Address (in Switzerland):				
Lessor:				
Number of rooms: Floor: _	Posit	ion:		
Name and address of employer:				
Person of contact at work (Name and phor	ne Nbr.):			
First day of work/study:		_		
Primary purpose of stay/Occupation:	change of ca	anton	retirement [visiting
☐ work	☐ looking for a	☐ looking for a job ☐ education (studies, school, apprenticeship,)		
following the family	☐ preparation t	for marriage	concubinage	
others (indication of the reason of stay b	peing absolutely nec	essary):		
Do you have a criminal record in Switzerla	nd or abroad?	no 🗌 ye	es 🗌 Country:	
Swiss Health insurance:				
Remarks:				
Home address (abroad):		Do you have	e a booklet for foreigners	? yes ☐ no ☐
Arrival Date (in Switzerland):				
Arrived from:		date:		
Date of registration:		Duration of sta	ay:	
Last stay in Switzerland: from	until _	wh	ere	
Exact address (from your last stay):	_	_		

Family members residing abroad:			
Spouse: Personal data (name and date of birth) n	nationality and home address		
Child (1): Personal data (name and date of birth)	nationality and home address		
Child (2): Personal data (name and date of birth)	nationality and home address		
Child (3): Personal data (name and date of birth)	nationality and home address		
Date	Signature		
The undersigned confirms to have given truthful in Giving false information is a criminal offence and is	nformation. s punishable by law through the Police Department for foreigners.		
Do you own a dog?	☐ yes ☐ no		
Registration fee Fr. 25. – Booklet for foreigners EU/EFTA Fr. 72.50 Booklet for foreigners other countries Fr. 144.30	☐ paid ☐ paid ☐ paid		
For government (not to be filled in)			
Application of local administration	Stamp and signature		
Indication of the first appointment according to	o the law of integration:		
First conversation took place?	Yes, when? No		
Assignment to the centre of integration?	☐ Yes, obligatory ☐ Yes, recommended ☐ No		