



# Information Sheet - New registration

(Write in CAPITAL letters)

## Personal information

|                 |   |
|-----------------|---|
| surname:        | first names:  |
| nationality:    |   |
| place of birth: | country of birth:   |
| date of birth:  | <input type="checkbox"/> man <input type="checkbox"/> woman |

## Address

|                                      |            |                   |
|--------------------------------------|------------|-------------------|
| address in Belgium:                  |            |                   |
| street:                              | number:    | bus/apartment nr: |
| postcode:                            | city:      |                   |
| most recent address outside Belgium: |            |                   |
| country:                             | city/town: |                   |
| street:                              | number:    |                   |
| <b>information for the police:</b>   |            |                   |
| Phone number:                        |            |                   |
| Floor of the room:                   |            |                   |
| Room number/apartment number:        |            |                   |
| Sharing the room with:               |            |                   |

## Traveldocuments

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> a passport | <input type="checkbox"/> an identity card                     |
| number :                            |   |
| <input type="checkbox"/> a visa     |   |
| If so, which type?                  | <input type="checkbox"/> typ C <input type="checkbox"/> typ D |

## Date of arrival

|             |                       |
|-------------|-----------------------|
| in Belgium: | in the Schengen area: |
|-------------|-----------------------|

## Contact

|               |
|---------------|
| phone number: |
| e-mail:       |

## Information about your marital status (tick the appropriate box)

|   |                  |
|---|------------------|
| <input type="checkbox"/> never married  |                  |
| <input type="checkbox"/> married  |                  |
| <input type="checkbox"/> divorced   | date of divorce: |
| <input type="checkbox"/> widow or widower   | date of death:   |
| Is this your first marriage? <input type="checkbox"/> yes <input type="checkbox"/> no |                  |

The undersigned certifies that the information provided is true and authentic.

Date

Signature





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