



Register Residence

Person

Family name First name(s)

Maiden name Gender female male

Residential address

Insurance number 756

Moving from Date of arrival

Date of birth Place of birth

Confession

Protestant Roman-catholic Catholic Not belonging to any state church

Civil status

Single Married Widowed Divorced

In a registrated partnership Dissolved partnership

Date of last change in civil status

In case of divorce

Voluntarily Judically Separate residence

Date of divorce

Parents

Family name father First name(s)

Family name mother First name(s)

Maiden name

Are you covered by health insurance?

Yes No exemption

Art. 3 Federal law of health insurance it is obligatery to take out a compulsory health insurance in Switzerland.

Name of health insurance

Partner

Family name First name(s)

Maiden name Gender female male

Residential address

Insurance number 756

Moving from Date of arrival

Date of birth Place of birth



Confession

Protestant Roman-catholic Catholic Not belonging to any state church

Zivilstand

Single Married Widowed Divorced

In a registrated partnership Dissolved partnership

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Maiden name

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Yes No exemption

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Name of health insurance

Children

Please write down last name / first name / gender / date of birth / place of birth

Child 1

Konfession Protestant Roman-catholic Catholic Not belonging to any state church

Child 2

Konfession Protestant Roman-catholic Catholic Not belonging to any state church

Child 3

Konfession Protestant Roman-catholic Catholic Not belonging to any state church

Type of registration

Permanent residence Weekly residence

Reason for weekly residence

Employement Studies Institution

other _____

Address in municipality of main residence



More

Have you deregistered from your former municipality? Yes No

Have you ever lived in Bottmingen before? Yes No

Animal

Are you a dog owner in Bottmingen? Yes No

Are you a horse owner in Bottmingen? Yes No

Apartment details

Type of household Private household Collective household

Number of rooms in the apartment

On which floor is the apartment located? (Basement, 1. Floor etc.)?

Name of previous tenant

Living together with

Property management or property owner

How can we reach you by post?

via main residence address in Bottmingen

via delivery address

For further questions, I can be reached at - optional information

Phone

E-Mail

I can confirm that the above information is correct

Date

Signature Person

Signature Partner