



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



***DATA SHEET FOR THE ISSUANCE OF REGISTRATION CERTIFICATE
AND FOR THE REGISTRATION OF RESIDENCE***

Date of requesting the issuance of document: Year _____ Month _____ Day _____	File Number: _ _ _ _ _ _ _ _ _ _
Legal grounds for issuing the document: <input type="checkbox"/> income-generating activity <input type="checkbox"/> studies <input type="checkbox"/> family member <input type="checkbox"/> other	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>[Signature Specimen of Applicant (Legal Representative)]</p> <p>Please make sure your signature fits in the box..</p>
Applicant's Phone Number: Applicant's E-mail Address:	
I. Personal Data of Holder of the Right of Residence	
1. Family Name:	Name of Applicant: 2. Given Name(s):
3. Family Name:	Previous Name or Name at Birth:
4. Given Name(s):	
5. Family Name:	Mother's Name at Birth:
6. Given Name(s):	
7. Country:	Place of Birth
8. City/Town:	
9. Date of Birth:	Year _____ Month _____ Day _____
10. Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
11. Citizenship:	
12. Marital Status:	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
II. Travel Document or ID Data	
21. Please specify the type of document:	<input type="checkbox"/> travel document <input type="checkbox"/> ID card

22. Number of Document:			
23. Type of Travel Document:	<input type="checkbox"/> ordinary	<input type="checkbox"/> service	<input type="checkbox"/> diplomatic
	<input type="checkbox"/> other, please specify _____		
Place of Issue			
24. Country:			
25. City/Town:			
26. Date of Issue:	Year	Month	Day
27. Date of Expiration:	Year	Month	Day
III. Residence Data in Hungary			
31. ZIP code:			
32. City/Town:	District		
33. Name of Public Premises:			
34. Type of Public Premises (road, street, square, etc.):			
35. House Number or Lot Number			
Building:	Staircase:	Floor:	Door:
36. Legal grounds for residing at the above specified address:			
<input type="checkbox"/> I hereby declare and affirm that I am the owner of the property specified above.			
<input type="checkbox"/> I hereby enclose the consent statement of the owner of /the person legally entitled to use the above specified property.			
IV. Other Data			
41. Are you covered by full health insurance for the duration of your stay in Hungary?			
<input type="checkbox"/> Yes.			
<input type="checkbox"/> No, I will cover the costs of any health care service used.			
42. Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
43. If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
44. Permanent or Habitual Residence (prior to arrival to Hungary):			
Country:			
City/Town:			
Name of Public Premises:			
45. On abandoning your right of residence or on termination of your right of residence which country do you intend to travel to?			
Country:			
I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief.			
Date: _____		_____ Signature of Applicant	

DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.

I hereby give approval to the issue of the registration certificate for the Applicant.

Date:

.....
(Seal and Signature of Officer)

Number of Document Issued: _____

I hereby acknowledge the receipt of the above registration certificate.

Date:

.....
(Signature of Applicant)

Stamp Duty: