

REGISTRATION FORM

MOVE FROM ABROAD

First name:

Date of arrival :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Last name:

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Nationality :

Place of birth :

Civil Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Religion :

University :

Residence Abroad
(City and Country) :

Address in Zurich: ZIP :

Name of the landlord/main tenant :

Father's first name :

Father's last name :

Mother's first name :

Mother's last name :

Please send the form back to us by E-Mail (optional):
students@zuerich.ch

Personenmeldeamt Zürich
(Students Administration)
2nd Floor, Fabrikstrasse 3, 8005 Zürich

THANK YOU



Stadt Zürich
Bevölkerungsamt