



ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG



**DATA SHEET**  
for the issuance/extension of a residence card and for the registration of the first place of  
residence

<b>For completion by the authority.</b> Authority receiving the application:	Automated case no.: 1_1_1_1_1_1_1_1_1_1
<b>Date of receiving the application:</b> ____ year ____ month ____ day	
<b>Purpose of the application:</b> <input type="checkbox"/> Issuance of a document. <input type="checkbox"/> Extension of document.	Facial photograph
<b>The applicant's family member is an:</b> <input type="checkbox"/> EEA citizen.	
<b>Residence card no.:</b>	
<b>Validity of the residence card:</b> ____ year ____ month ____ day	[Handwritten signature specimen of the applicant (or legal representative)] Signature must be inside the box in its entirety.

<b>Delivery of the document:</b> <input type="checkbox"/> The applicant requests delivery of the document <u>by way of post</u> . Email address: <input type="checkbox"/> The applicant will collect the document <u>at the issuing authority</u> . Telephone number:
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1. Personal data of the applicant		
<b>surname (as shown in passport):</b>	<b>forename (as shown in passport):</b>	
<b>surname at birth:</b>	<b>forename at birth:</b>	
<b>mother's surname and forename at birth:</b>	<b>sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>marital status:</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> divorced

<b>date of birth:</b>			place of birth (locality):			country:		
year	month	day						
<b>citizenship:</b>								
<b>2. Particulars of the applicant's passport</b>								
<b>passport no.:</b>			<b>place and date of issuance:</b>					
			year	month	day			
<b>passport type:</b>			<b>validity period:</b>					
<input type="checkbox"/> ordinary <input type="checkbox"/> service/ <input type="checkbox"/> diplomatic <input type="checkbox"/> other official			year	month	day			

<b>3. Address in Hungary</b>			
Postal code:			
Locality:	District:		
Name of public place:			
Type of public place (road, street, square etc.):			
Building number:	Land register ref. (lot) no.:		
Building:	Stairway :	Floor:	Door:
Legal basis for registration at the address:			
<input type="checkbox"/> I hereby declare that I am the owner of the residential property indicated.			
<input type="checkbox"/> Please find attached the statement of consent of the owner of the residential property or the person, who is the lawful user of the residential property on other grounds.			
<b>4. Personal data of the EEA citizen whom the applicant accompanies or joins</b>			
<b>surname (as shown in passport):</b>		<b>forename (as shown in passport):</b>	
<b>surname at birth:</b>		<b>forename at birth:</b>	
<b>mother's surname and forename at birth:</b>		sex: <input type="checkbox"/> male <input type="checkbox"/> female	
<b>date of birth:</b>  year      month      day		<b>place of birth (locality):</b>	
<b>citizenship:</b>			

**Relationship:**  Parent  Child  Spouse  Domestic partner, if entered into a registered partnership before the relevant Hungarian authority or the authority of another Member State of the European Union  Other, namely: In the country where they came from:  was a dependent of an EEA citizen  lived in the same household as an EEA citizen  is personally cared for by an EEA citizen due to serious health issues

**5. Additional information**

To your knowledge, do you suffer from HIV/AIDS, tuberculosis, hepatitis B, lues, leprosy, typhoid infectious diseases that require medical treatment, or do you carry the pathogens of HIV, hepatitis B, typhoid or paratyphoid in your body?

Yes  No

If you suffer from any of the diseases above, are contagious or carry pathogens, do you receive mandatory and regular medical care?

Yes  No

Permanent or habitual place of residence before arriving in Hungary:

Country:

Locality:

Name of public place:

When you cease to exercise your right of residence, or your right of residence ceases to exist, which country will you be travelling to?

Country:

**I hereby declare that all data and information indicated above are true and correct.**

Date: \_\_\_\_\_

signature

Transaction number of payment if made by an electronic payment instrument or by a bank deposit:

**For completion by the authority**

I hereby authorize the issuance/extension of a residence card for the applicant for a period ending on \_\_\_\_\_ year  
\_\_\_\_\_ month \_\_\_\_\_ day.

Date: .....  
.....

(signature, stamp)

The number of the document issued: \_\_\_\_\_

I have received the residence card.

Date: .....  
.....

(signature of the applicant)

In case of extension, the document number of the previous residence card: .....

**If the application is refused**

Number of the resolution of refusal:

.....

Date of refusal: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Legal basis for refusal:

**If the procedure is terminated**

The number of the decision of termination:

.....

Date of decision: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Legal basis of the decision: