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|  | | * **Anmeldung – Ausländische Staatsbürger** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Person 1** | | | | | | | | | | | | | **Person 2 - Ehepartner** | | | | | | | | | | | | | |
| **Zuzug per** | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Wiederzuzug | | Ja | | | | | | | Nein | | | | | | Ja | | | | | | | | | Nein | | | | |
| Familienname | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Vorname(n) | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Rufname | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Geschlecht | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Geburtsdatum | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Nationalität | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Muttersprache | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Konfession | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Zivilstand | |  | | | | | | | | | | | >> seit | | | | | |  | | | | | | | | | |
| Krankenkasse (KK) | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| KK-Bestätigung abgegeben | | Ja | | |  | Nein | | | | | | | | | Ja | | | | |  | | Nein | | | | | | |
|  | |  | | |  |  | | | | | | | | |  | | | | |  | |  | | | | | | |
| Hausratversicherung | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Telefon-Nummer | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| E-Mail-Adresse | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Bankverbindung | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| IBAN-Nummer | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Beruf | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | angestellt | | | | | | selbständig | | | | | | | angestellt | | | | | | | | | selbständig | | | | |
| Arbeitgeber / Firma | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Adresse | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | nur ausfüllen, wenn selbständig: | | | | | | | | | | | | | nur ausfüllen, wenn selbständig: | | | | | | | | | | | | | |
| Ausgleichskasse | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| AHV-Bestätigung abgegeben | | Ja | | |  | Nein | | | | | | | | | Ja | | | | |  | | Nein | | | | | | |
|  | |  | | |  |  | | | | | | | | |  | | | | |  | |  | | | | | | |
|  | | *> wenn selbständig, Anmeldung kopieren* | | | | | | | | | | | | | *> wenn selbständig, Anmeldung kopieren* | | | | | | | | | | | | | |
| **Zugezogen von (genaue Adresse)** | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Zugezogen aus einem anderen Kanton oder dem Ausland | |  | | Ja | | | Nein | | | | | | | |  | | | Ja | | | | | | | Nein | | | |
|  | |  | | Persönliche Vorsprach beim BMA am: | | | | | | | | | | |  | | | Persönliche Vorsprach beim BMA am: | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
|  | | *> Amt für Bevölkerung und Migration BMA*  *> Aufenthaltsbewilligung kopieren*  *> „Willkommen im Kt. Freiburg“ abgeben*  *> Formular OCN abgeben* | | | | | | | | | | | | | *> Amt für Bevölkerung und Migration BMA*  *> Aufenthaltsbewilligung kopieren*  *> „Willkommen im Kt. Freiburg“ abgeben*  *> Formular OCN abgeben* | | | | | | | | | | | | | |
| **Adresse in Heitenried** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wohnverhältnis | | Einfamilienhaus | | | | | | | | Mehrfamilienhaus | | | | | | | | | | | *> GWR prüfen* | | | | | | | |
|  | | Grundeigentum | | | | | | | | Stockwerk: | | | | | | | Links | | | | | | Mitte | | | Rechts | | |
|  | | Miete | | | | | | | | | Vermieter | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | Vor-Mieter | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | Mitbewohner | | | | | |  | | | | | | | | | | | | |
|  | | Untermiete bei | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Hundebesitzer |  | | Ja: Anzahl Tiere | | | | | | | | |  | |  |  | | | | Ja: Anzahl Tiere | | | | | | | |  |  | |
|  |  | | Name(n) Hund(e): | | | | | | | | | | | |  | | | | Name(n) Hund(e): | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | |  | | | |  | | | | | | | | | | |
|  | *> wenn JA, Anmeldung kopieren* | | | | | | | | | | | | | | *> wenn JA, Anmeldung kopieren* | | | | | | | | | | | | | | |

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|  | **Kind 1** | | | **Kind 2** | | |
| Familienname |  | | |  | | |
| Vorname(n) |  | | |  | | |
| Rufname |  | | |  | | |
| Geschlecht |  | | |  | | |
| Geburtsdatum |  | | |  | | |
| Nationalität |  | | |  | | |
| Muttersprache |  | | |  | | |
| Konfession |  | | |  | | |
| Krankenkasse (KK) |  | | |  | | |
| KK-Bestätigung abgegeben | Ja |  | Nein | Ja |  | Nein |
|  |  |  |  |  |
| Geburtsschein oder Familienausweis abgeg. | Ja |  | Nein | Ja |  | Nein |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Kind 3** | | | **Kind 4** | | |
| Familienname |  | | |  | | |
| Vorname(n) |  | | |  | | |
| Rufname |  | | |  | | |
| Geschlecht |  | | |  | | |
| Geburtsdatum |  | | |  | | |
| Nationalität |  | | |  | | |
| Muttersprache |  | | |  | | |
| Konfession |  | | |  | | |
| Krankenkasse |  | | |  | | |
| Krankenkassen-Bestätigung abgegeben | Ja |  | Nein | Ja |  | Nein |
|  |  |  |  |  |
| Geburtsschein oder Familienausweis abgeg. | Ja |  | Nein | Ja |  | Nein |
|  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Bemerkungen |  | | |
|  | | |
|  | | |
| Anmeldedatum |  | Unterschrift |  |

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| --- | --- | --- | --- | --- | --- |
| *Wird von der Gemeinde ausgefüllt:* | | | | | |
|  |  | |  |  | |
| *Aufenthaltsbewilligung* | | *Schalter* |  | *Bezugsschein Kaliumiodid-Tabletten abgegeben* | |
| *Datum/Sig.:* | | *Post* |  | *Nein > Schein zustellen* | |
|  | | |  |  | |
| *Fr. 15.– für Niederlassungsbewilligung bezahlt* | | |  | *Informationen Gemeinde & Kanton abgegeben* | |
| *Nein > Rechnung zustellen+ Kosten Fr. 5.00* | | |  | *Nein > Umschlag zustellen* | |
|  | | |  |  | |
| *Formular OCN abgegeben* | | |  |  |  |
| *Nein > momentan nicht nötig / kein Auto* | | |  |  |  |
|  | | |  |  | |
| *Bemerkungen* | | |  | *Anmeldung angenommen Datum/Sig.* | |