ANNEX TO THE RECORD/APPLICATION for Registration of the BIRTH in the ZPR

	Authority	Reference number/Year
	Registration number of the other children in the case of a multiple birth (prefix “ST” in the case of stillbirth)	
Child	**Surname(s)** (at the time of birth)	**First names**
	Other names (at the time of birth)::	Sex
	Day, month, year, and place (municipality, street, house number, country) of birth	**Hour and minute** of birth: Time unknown: ☐
	Registration of the birth (exact designation of authority, number)	The delivery took place at/in: the home of the parents/mother: ☐ hospital ☐
	Citizenship (at the time of birth)	**Citizenship** (today):
	Changes in personal status (marriage of the parents/legitimation, adoption, naming, name change, name declaration, acknowledgement of paternity, etc.): No changes have occurred: ☐	
	Surname(s) (other names), first names (today)	Marital status (today):
Father	**Surname(s)** (at the time of the child’s birth)	**First names**
	Other names (at the time of the child’s birth)	Sex
	Academic degrees/professional titles	Religious denomination
	Residential address (at the time of the child’s birth):	
	Day and place of birth (registration of the birth)	
	Citizenship (at the time of the child’s birth)	**Citizenship** (today)
Mother	**Surname(s)** (at the time of the child’s birth)	**First names**
	Other names (at the time of the child’s birth)	Sex
	Academic degrees/professional titles	Religious denomination
	Residential address (at the time of the child’s birth)	
	Day and place of birth (registration of the birth)	
	Citizenship (at the time of the child’s birth)	**Citizenship** (today)
	Marital status of mother (at the time of the child’s birth)	**Marital status of father** (at the time of the child’s birth)
Marriage/RP Mother/Parents	Date and place of the **parents’ marriage** as well as authority and reference number	
	Previous marriage/RP and dissolution of the mother’s marriage/RP (type, authority, date and reference number)	

Supplementary information

Witnesses who can be questioned about the birth:

There are **no witnesses** who can be named: ☐

Interpreter (first and last name, address, identity document)

Other information

By my signature I confirm that it is not possible for me to obtain a birth certificate that complies with Austrian legal provisions.

I further confirm that all information has been provided and entered truthfully and that I have been informed that knowingly false documents or information are punishable by imprisonment of up to one year.

I expressly take note once again of the legal instruction as set out in the application/record.

Date

Signature of applicant (legal representative)

Signature of witnesses, interpreter

Registrar