

**Application for**  **Extension** Renewal / Renouvellement  
 Application for the /  **Transfer** Transfer / Transfert  
 Demand de  **Issuing / Deliverance**



- Residence permit** / Permis de séjour  
 **Blue Card EU** EU Blue Card / La carte bleue européenne  
 **Settlement permit** / Permis d'établissement  
 **Toleration** Tolerance / Tolerance  
 **Permanent residence permit-EG** EC permanent residence permit / Autorization de séjour permanente CE

PERSONNEL / Personnel details / Données personnelles		<input type="checkbox"/> <b>female</b> female / femme	<input type="checkbox"/> <b>masculine</b> male / homme	
<b>Last name, doctoral degree</b> Family name, Doctoral Degree / Nom de famille, Grade de Doctor		Photographer <b>Photograph</b> photo		
<b>Birth Name</b> Maiden name / Nom de jeune fille				
<b>First name(s)</b> First name(s) / Prénom(s)				
<b>Birthday</b> Date of birth / Date of birth				
<b>Place of birth</b> Place of birth / Lieu de naissance				
<b>Size / eye color</b> Height / eye color / waist / color of the eyes				
<b>nationality</b> Nationality / Nationalité				
<b>Marital status</b> Civil state / Budget Civil	<input type="checkbox"/> <b>single</b> <input type="checkbox"/> <b>married</b> <input type="checkbox"/> <b>divorced</b> <input type="checkbox"/> <b>widowed</b> since: _____ single                      married                      divorced                      widowed since célibataire                      mariée(e)                      divorcé(e)                      veuf / veuve depuis  <input type="checkbox"/> <b>Living separately since:</b> _____ living apart since vivant séparément depuis			
INFORMATION ON THE FAMILY / family details / indications sur la famille				
<b>SPOUSE</b> Spouse / Mari		<input type="checkbox"/> <b>female</b> female / femme	<input type="checkbox"/> <b>masculine</b> male / homme	
<b>family name</b> Family name / Nom de famille				
<b>Birth Name</b> Maiden name / Nom de jeune fille				
<b>First name(s)</b> First name(s) / Prénom(s)				
<b>Birthday</b> Date of birth / Date of birth				
<b>Place of birth</b> Place of birth / Lieu de naissance				
<b>nationality</b> Nationality / Nationalité				
<b>address</b> Address / address				
CHILDREN / Children / Enfants				
Surname Name / Nom	First name First name / prénom	Birthday and place Date and place of birth / Date and lieu de naissance	nationality Nationality / Nationalité	Place of residence Residence / Domicile
PASSPORT DATA / passport information / données du passeport				
<b>passport or other travel document</b> Passport or other traveling document / Passport or other identity papers				
<b>Passport number</b> Passport number / No. de passeport				

<b>passport valid until</b> Valid until / Date d'expiration	
<b>Issued on</b> Issued on / Délivré le	
<b>Issued by (city/authority)</b> by... (office in...; Name of the city/authority) Par la mairie/autorité de...	
<b>INFORMATION ON THE APARTMENT / information on place of abode / indications sur le domicile</b>	
<b>Zip code, place of residence</b> Postal code / code postal, Residence / Domicile	
<b>Street and house number</b> Street and house number / Rue et number	
<b>CONTACT DETAILS (voluntary) / contact data (optional) / coordonnées (renseignement facultatif)</b>	
<b>Telephone number</b> Telephone number / Numéro de téléphone	
<b>E-mail address</b> Email address / address email	
<b>STAY INFORMATION / residence information / indications sur le séjour</b>	
<b>Reason for further stay in Germany</b>  Reason for the continuation of the residence in Germany / Motif de la poursuite du séjour en Allemagne	
<b>INFORMATION ON FINANCING / information on financing / indications sur le financement</b>	
<b>What resources are used to support living expenses?</b> What are the means available for earning a living? Comment gagnez-vous votre vie?	
<b>INFORMATION ON THE EMPLOYER AND HEALTH INSURANCE information on employer and health insurance / indications sur l'employeur et sur l'assurance maladie</b>	
<b>Name and address of the employer/study institution</b> Name and address of the employer/study institution Name and address of the employee/de l'établissement d'enseignement	
<b>Health insurance</b> Health insurance / Assurance maladie	
<b>STAY ABROAD / stays abroad / séjours étrangers</b>	
<b>Have you stayed outside the Federal Republic of Germany for longer than 6 months since your residence permit was issued or last extended?</b>  Have you stayed abroad longer than 6 months since the last issuing/prolongation of your residence permit? / Etiez vous depuis la prolongation de votre dernier titre de séjour plus des 6 mois à l'étranger?	<input type="checkbox"/> <b>no</b> no / non <input type="checkbox"/> <b>yes, from</b> yes, from / oui, du till / _____ jusqu'au _____ <b>in</b> dans / in _____ <b>Reason / Reason</b> _____

I am applying for a residence permit/EU Blue Card/Duldung for (further) \_\_\_days/month(s)/year(s).

I'm applying for a residence permit for an additional period of ....days/month(s)/years(s) / I want a permis de séjour pour une durée supplémentaire de .... jours/mois/an(s)

**I certify that I have provided the above information correctly and completely to the best of my knowledge and belief.**

**Inaccurate or incomplete information constitutes a criminal offense in accordance with Section 95 Paragraph 2 of the Residence Act**

I hereby declare that the above mentioned particulars are true and complete and that I have correctly completed this form to the best of my knowledge and ability. Incorrect or incomplete information is considered a criminal offense in accordance with article 95, section 2 of the Law of Foreigners. / Je certifie par la présente que les renseignements mentionnés ci-dessus sont corrects et complets et que la présente déclaration a été faite en toute conscience. Toute sorte de déclaration fautive et incomplète est passible d'une peine selon l'article 95 aliéna 2 de la loi des Etrangers.

\_\_\_\_\_, the \_\_\_\_\_  
Location / Place / Lieu Date /Date/Date

\_\_\_\_\_  
**Handwritten signature of the applicant or legal guardian for persons under 18 years of age.**

**When submitting an application you must submit:**

Application with 1 biometric photo

Personal signature of the applicant or the parent or legal guardian for persons under 18 years of age. / Signature personnelle du requérant ou du tuteur pur personnes ayant moins de 18 ans.