

Gäste Info-Blatt

Bitte in Blockschrift ausfüllen / Please fill in the form using block letters

	Tag day/giorno	Monat month/mese	Jahr year/anno
Ankunft am / arrival / arrivo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gepł. Abreise am / probable departure / partenza probabile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Abreise am / departure / partenza	<input type="text"/>	<input type="text"/>	<input type="text"/>

Anrede <input type="text"/>	Akad. Grad title titolo <input type="text"/>	Geschlecht sex sesso <input type="text"/>
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Familienname surname cognome <input type="text"/>	Vorname first-name nome <input type="text"/>
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Geb.Datum date-of-birth data-della-nascita <input type="text"/>	Beruf occupation occupazione <input type="text"/>	Staatsangehörigkeit nationality nationalita <input type="text"/>
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Reisedokument bei ausl. Gästen (Art, Nummer, Ausstellungsdatum, ausstellende Behörde)
passport passaporto

Hauptwohnsitz permanent-residence domicilio

Straße, Hausnummer street, number via, numero

PLZ zip-code codice-postale <input type="text"/>	Ort city citta <input type="text"/>	Staat country paese <input type="text"/>
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	Familienname surname/ cognome	Vorname first-name nome	Geb.Datum date of birth data della nascita
2. Person/Kind 2 nd person/child 2.persona/bambino	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Person/Kind 3 rd person/child 3.persona/bambino	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Person/Kind 4th person/child 4.persona/bambino	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Person/Kind 5th person/child 5.persona/bambino	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Person/Kind 6th person/child 6.persona/bambino	<input type="text"/>	<input type="text"/>	<input type="text"/>

Datum date / data

Unterschrift signature / firma
