

APPLICATION FORM

FROM:

LAST NAME:

FIRST NAME:

FATHER'S NAME:

MOTHER'S NAME:

IDENTIFICATION NUMBER:

DATE OF BIRTH:

PLACE OF BIRTH:

RESIDENCE:

.....

.....

PHONE NUMBER:

E-MAIL ADDRESS:

VAT NUMBER:

- Birth certificate
- Certificate of Marital Status
- Certificate of close relatives
- Certificate of identity
- Certificate of locality

.....
(Signature of Applicant)

**TO: MUNICIPALITY OF SERIFOS -
CIVIL REGISTER**

DATE OF:/...../20....

Please provide me:

(Note the type of the document
you need)