

# **APPLICATION FORM**

**FROM:**

LAST NAME: .....

FIRST NAME: .....

FATHER'S NAME: .....

MOTHER'S NAME.....

IDENTIFICATION NUMBER:

.....

DATE OF BIRTH: .....

PLACE OF BIRTH: .....

RESIDENCE: .....

.....

.....

TELEPHONE NUMBER: .....

EMAIL: .....

VAT NUMBER:

.....

(Choose the type of the document you need)

Marriage certificate

Birth certificate

Acceptance of inheritance of

....., who died

...../...../.....

.....

(Signature of Applicant)

**TO: MUNICIPALITY OF SERIFOS –  
POPULATION REGISTRATION  
OFFICE**

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