

Life Certificate | Lebensbestätigung

to | an andrea.fraisl@akm.at

of | für

Ms. / Frau Mr. / Herr
 First and family name in capital letters | Vor- und Zuname in Blockbuchstaben

.....
 Postal Code, City | PLZ, Ort Date of birth | Geburtsdatum

.....
 Street, No. | Straße, Nr.

.....
 Place, Date | Ort, Datum Signature | eigenhändige Unterschrift

To be completed by the certifying office:

The certifying office is:

The person above has auditioned in person today and proved existence and identity.

Document / Photo Identification:
 Passport, ID, Driving Licence, others

Life and residence are hereby confirmed.

.....
 Place, Date Stamp and signature from the certifying office

Use this form to contact one of the following places (September 25th – November 30th):

- . Austrian representation authority: embassy, consulate
- . Official department: social security institutions, municipal office, district administration, (police, court w/costs)
- . Treating or family doctor (in case of need of care or bedriddenness)
- . Notary (with costs)

Bring: passport, identity card or driver's license

Accepted only with a date of issue between September 25th and November 30th.

Sent to AQUAS by December 1st:

- . as a scan and by e-mail: andrea.fraisl@akm.at
- . by fax: +43 50717 99407

A confirmation of registration is not considered a confirmation of life.