



PERSONAL DATA SHEET
DONNEES PERSONNELLES DECLAREES

Head of household

NAME(S)	
FIRST NAME(S)	
GENDER	<input type="checkbox"/> male <input type="checkbox"/> female
DATE OF BIRTH	
PLACE OF BIRTH	
COUNTRY OF BIRTH	
NATIONALITY	
MARITAL STATUS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
IDENTITY DOCUMENTS	
E-MAIL & PHONE NUMBER	
CURRENT PLACE OF STAY	

Please attach a copy of your passport (if available)

To send by e-mail at: immigration.desk@mae.etat.lu

Family member

Family relationship: _____

To fill in for each family member

NAME(S)	
FIRST NAME(S)	
GENDER	<input type="checkbox"/> male <input type="checkbox"/> female
DATE OF BIRTH	
PLACE OF BIRTH	
COUNTRY OF BIRTH	
NATIONALITY	
MARITAL STATUS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> S M D W
IDENTITY DOCUMENTS	
E-MAIL & PHONE NUMBER	
CURRENT PLACE OF STAY	

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