

Arrival / Change of address

In the event of arrival to be handed in personally / in the event of a change of address can be sent by post or e-mail to :
Office de la Population, Av. du Prieuré 1, 1009 Pully opo@pully.ch 021 / 721.31.61

Single person / Partner - Reference person : Sending post for the household – Statistics on the number of households – Recycling card, if necessary		Partner	
Name (surname)		Surname	
Name before the marriage		Name before the marriage	
First or Given names		First or Given names	
Sex	<input type="checkbox"/> male <input type="checkbox"/> female	Sex	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth / Place of birth	/	Date of birth / Place of birth	/
Nationality		Nationality	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married separate <input type="checkbox"/> Divorced <input type="checkbox"/> Widow Date/Place :		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married separate <input type="checkbox"/> Divorced <input type="checkbox"/> Widow Date/Place :	
Type of permit <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> N		Type of permit <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> N	
Father's name et surmane		Father's name et surmane	
Mother's name et surmane		Mother's name et surmane	
Minor children living with the family			
Surname and Given names	Date of birth	Place of birth	Nationality
Previous address		Other résidence <input type="checkbox"/> Principal <input type="checkbox"/> Secondary	
Street and Nr		by	
Town or city, country			
New address			
→ DATE Arrival or change of address			
Street and Nr			
Previous tenant	Number of rooms	Level	
Optional personal data concerning employer or place of work and religion affiliation			
Employer name and address or workplace		Employer name and address or workplace	
Religion affiliation <input type="checkbox"/> Does not wish to answer this question			
<i>If you agree to provide this information, it will be forwarded to the Federal Statistical Office and to the religious community to which you declare you belong. This information can be corrected free of charge at any time and has no tax implications.</i>			
	<i>Partner 1</i>	<i>Partner 2</i>	<i>Minor children living with the family</i>
<i>Protestant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Catholique</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Israelite</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Anglican / Catholic christian</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you got a dog ? yes / no If, yes please complete the special formular.			
Date		Signature	
By signing this form, the person concerned certifies that the personal details given are true, accurate, complete and up-to-date. In the event of false declaration or concealment of facts, the criminal offence is punishable by a custodial sentence or a fine. (art. 306 et 309 du Code pénal suisse)			
Phone number :		e-mail : (optional)	