居住证申领表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 基 本 信 息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓  名 | |  | | | | | | 曾用名 | | | | |  | | | | | 性别 | | | | | | |  | | | | | | | 民族 | | | | |  | | | | 贴  相  片  处 |
| 公民身份  证 号 码 | |  |  |  |  | | | |  | |  | |  | | |  |  | | | |  |  | |  | | | |  | |  | | |  |  | | | |  |  | |
| 出生日期 | | 年   月    日 | | | | | | | | | | | 婚姻状况 | | | | | □未婚 □已婚 □丧偶 □离婚 □其它 | | | | | | | | | | | | | | | | | | | | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务处所  全   称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 文化程度 | | □博士  □硕士  □大学  □大专   □高中  □职高   □初中  □小学  □文盲或半文盲  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职    称 | |  | | | | | | | | | | | | | | | | | 政治  面貌 | | | | | | |  | | | | | | | | | | | | | | | |
| 计 生 信 息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本栏为18-49周岁已婚育龄女性（含未婚先育）必填 | | | | | | | 流动人口计  划生育证明 | | | | | | | | | | | □无     □有            [证明编号：NO          ] | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 来株日期 | | | | | | 年    月     日 | | | | |
| 出租房主  姓   名 | |  | | | | | | | | | | 性别 | | |  | | | | | | | | 年 龄 | | | | | |  | | | | | | | | 电话 | | |  | |
| 住所类型 | | □旅店  □居民家中  □单位内部  □工地现场  □租赁房屋  □自购房  □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 来株居住  事   由 | | □务工       □务农   □经商      □服务       □因公出差   □借读培训  □治病休养   □保姆   □制造亲友  □探亲访友  □旅游观光   □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 随行人及  子女信息 | | 姓  名 | | | | 关  系 | | | | | | | | 性 别 | | | | | | 民  族 | | | | | | | 公民身份证号码 | | | | | | | | | | | | | 相片图像号 | |
|  | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | |
| 本人联系  电   话 | | 移动电话：  固定电话： | | | | | | | | | | | | | | | | | | 紧  急  联系人 | | | | | | |  | | | | | | | | 移动电话：  固定电话： | | | | | | |
| 受理审核情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受  理  意  见 | 受理人：  年  月  日 | | | | | | | | | 审  核  意  见 | | | | 审核人：  年  月  日 | | | | | | | | | | | | | | | | | | 备      注 | | | |  | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

承诺：本表所填写内容正确无误。如有虚假，本人愿承担法律责任。

申请人签名：             监护人签名：                 被委托人签名：

  年   月   日