

家庭构成

Form

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Department of Immigratio
and Citizenship

家庭构成	姓	名	出生	婚恋状况	家庭地址	以前是否来过澳大利亚
			日 月 年	(请使用下表的代码)		日 月 年
你本人			/ /			/ /
配偶			/ /			/ /
事实婚姻			/ /			/ /
父亲/母亲			/ /			/ /
父亲/母亲			/ /			/ /
兄弟/姐妹			/ /			/ /
兄弟/姐妹			/ /			
兄弟/姐妹			/ /			/ /
儿子/女儿			/ /			/ /
儿子/女儿			/ /			/ /
儿子/女儿			, ,			/ /

people our business

E = 订婚

S = 分居

D = 离婚

W = 寡/鳏

N = 未婚或未有过事实婚姻

F = 事实婚姻

我特此宣誓:

● 本表中填写的资料完整而正确

• 在他人协助下填写的本表任何部份的资料都是真实和

正确的,而且我完全知道、同意并理解资料的填入。



Family composition

Form

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Are you applying for a: Visitor visa (600)	Note:	1.	You must complete this form in English only
		2.	You must give details of all your family members
Other			'Deceased' in Home address column. If whereaho

- You must give details of all your family members living in your home country and abroad including half, step and adopted brothers, sisters and children (if not living, write 'Deceased' in Home address column).
- 3. If you have been assisted in completing this form, you should only sign the Declaration if the information is true and correct and has been included with your full knowledge, consent and understanding.

Family composition	Family name	Given names			Previous visits to Austr	alia	
composition			DAY MONTH YEAR	(use codes below)		DAY MONTH YE	AR
Yourself			/ /			/ /	
Spouse			/ /			/ /	
De facto			/ /			/ /	
Father/Mother			/ /			/ /	
Father/Mother			/ /			/ /	
Brother/sister			/ /			/ /	
Brother/sister			/ /			/ /	
Brother/sister			/ /			/ /	
Son/daughter			/ /			/ /	
Son/daughter			/ /			/ /	
Son/daughter			/ /			/ /	

'Relationship status' codes

M = Married

IVI — IVIAITIE

E = Engaged

F = De facto

S = Separated

D = Divorced

W = Widowed

N = Never married or been in a de facto relationship

Declaration

I declare that:

- the information I have given on this form is complete and correct.
- in any section of this form which has been completed with the assistance of another person, the information as set down is true and correct and has been included with my full knowledge, consent and understanding.

gnature of applicant	Signature of witness	

DAY	MONTH	YEAR			DAY	MONTH	YEAR		