



家庭构成

你想申请下列何种签证？
访问 (600) ☐
其它 ☐

- 注意:
- 1. 你只能用英文填写此表。
 - 2. 你必须填写你在原籍国和外国的所有家庭成员的细节，其中包括同父异母（或同母异父）的兄弟姐妹和子女，继父与其前妻（或继母与其前夫）所生的兄弟姐妹和子女，领养的兄弟姐妹和子女。（如果人已不在世，可在“家庭地址”一栏填上“已故”。如果去向不明，可在“家庭地址”一栏填上“不知道”。
 - 3. 你填写此表时如果有人协助，你只能在所填资料真实和正确，而且你完全知道、同意并理解资料的填入的情况下，才能在宣誓一栏下签字。

家庭构成	姓	名	出生			婚恋状况 (请使用下表的代码)	家庭地址	以前是否来过澳大利亚？		
			日	月	年			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			/	/				/	/	

“婚恋状况”代码

M = 已婚

E = 订婚

F = 事实婚姻

S = 分居

D = 离婚

W = 寡/鳏

N = 未婚或未有事实婚姻

宣誓

- 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。

申请人签名

日 月 年

/ /

见证人签名

日 月 年

/ /



Are you applying for a: **Visitor visa** (600) ☐
Other ☐

Note: 1. **You must complete this form in English only.**

2. 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. If whereabouts unknown, write 'Unknown' 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	Date of birth			Relationship status (use codes below)	Home address	Previous visits to Australia		
			DAY	MONTH	YEAR			DAY	MONTH	YEAR
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
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.*

Signature of applicant

DAY MONTH YEAR

/ /

Signature of witness

DAY MONTH YEAR

/ /