**F-1.08**

**DATA KELUARGA**

KOP PEMERINTAH KABUPATEN/KOTA

FORMULIR BIODATA PENDUDUK ORANG ASING YANG MEMILIKI IZIN TINGGAL TERBATAS/TINGGAL TETAP

***(FOREIGNER LIMITED OR PERMANENT STAY PERMIT BIODATA FORM)***

**DATA KEPALA KELUARGA/*FAMILY DATA***

Nama Kepala Keluarga/*Family Head Name*

Kode-Nama Propinsi/ Code-Province

:

:

Kode-Nama Kabupaten/Kota/ *Code-Regency/Municipality*

:

Alamat/ *Address* : Kode-Nama Kecamatan/ *Code-Sub-District* :

Kode Pos/ *Post-Code* : RT RW Jumlah Anggota Keluarga orang Kode-Nama Kelurahan/Desa/ *Code-Village* : Telepon/ *Telephone Number* : *(Amount Each Family)* Nama Dusun/Dukuh/Kampung/ Sub-Village :

PERHATIAN : Isilah Formulir ini dengan huruf cetak dan jelas serta mengikuti "TATA CARA PENGISIAN FORMULIR" pada halaman sebaliknya

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| No. | Nama Lengkap*(First Name + Family Name)* | Gelar*(Title)* | Alamat Sebelumnya*(Address before their address now)* | Nomor Paspor*(Passport Number)* | Tanggal Berakhir Paspor*(Passport issued)* | Nama Sponsor*(Sponsor Name)* | Tipe Sponsor*(Type of Sponsor)* | Alamat Sponsor*(Sponsor Address)* |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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| No. | Jenis Kelamin*(Sex)* | Tempat Lahir*(Place of Birth)* | Tanggal/Bulan/Tahun Lahir*(Date of Birth)* | Kewarganegaraan*(Nationality)* | Akte Lahir*(Act of Birth)* | Nomor Akta Kelahiran*(Number Act of Birth)* | Golongan Darah*(Type of Blood)* | Agama*(Religion)* | Status Perkawinan*(Marital Status)* | Akta Perkawinan*(Act of Marital)* | Nomor Akta Perkawinan*(Number Act of Marital)* | Tanggal Perkawinan*(Date of Married)* | Akta Cerai*(Act of Widow)* | Nomor Akta Perceraian*(Number Act of Widow)* | Tanggal Perceraian*(Date of Widow)* |
|  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| No. | Status Hubungan Dlm Keluarga(Relationship of Familiy Members) | KelainanFisik & Mental | PenyandangCacat | Pendidikan Terakhir*(Education)* | Pekerjaan(Occupation) | Nomor KITAS/ (Register NumberLimited Stay Permid Card) | Tempat Diterbitkan KITAS*(Place of Issue)* | Tanggal Penerbitan KITAS*(Date of Issue)* | Tanggal Berakhir KITAS*(Date of Expire)* | Tempat Kedatangan Pertama(First Place of Arrival | Tanggal Kedatangan Pertama(First Date of Arrival | NIK Ibu(Number of Population Identity Mother) | Nama Ibu*(Name of Mother)* | NIK Ayah(Number of Population Identity Father) | Nama Ayah(name of Father) |
|  | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Mengetahui,

Kepala Dinas Kependudukan dan Pencatatan Sipil

...................................., 200..

Kepala Keluarga/ *Head of Familiy* ,

Tanda Tangan/ *Signature*

PERNYATAAN

Demikian Formulir ini saya/kami isi dengan sesungguhnya apabila keterangan tersebut tidak sesuai dengan

keadaan sebenarnya, saya bersedia dikenakan sanksi sesuai ketentuan peraturan perundang-undangan yang berlaku Catatan : \*) Hanya diisi oleh salah satu pasangan keluarga tersebut (suami/istri)

Nama Lengkap : NIP :

 Nama Jelas/ *Name* :

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