



## VITAL STATISTICS FORM

LEGAL NAME \_\_\_\_\_  
first middle last

List my name in Graz programs as follows: (except Visitors) \_\_\_\_\_

PARTICIPATION STATUS: (check one)

Singer

Pianist

Faculty/Staff

Orchestra

Visitor

### CURRENT ADDRESS

STREET/P.O. BOX \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE HOME \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

### PERMANENT ADDRESS

Same as above

STREET/P.O. BOX \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

ZIP/POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

List other addresses and dates, if applicable.

**TEMPORARY ADDRESS** THIS ADDRESS APPLIES FROM (beginning date) \_\_\_\_\_ (ending date) \_\_\_\_\_

STREET/P.O. BOX \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Continued...

NAME \_\_\_\_\_  
last first initial

**PASSPORT INFORMATION**

NAME AS IT APPEARS ON YOUR PASSPORT \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

PLACE OF ISSUE \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_  
(month/day/year)

PASSPORT EXPIRATION DATE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Do you carry health, accident and/or other insurance that provides benefits in Europe?  YES  NO

If YES, complete your insurance information:

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

**Person to contact in case of emergency: (required)**

Name \_\_\_\_\_  
first middle initial last relationship

Address \_\_\_\_\_

Phone Numbers 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Additional person to contact in case of emergency:**

\_\_\_\_\_ first middle initial last relationship

Phone \_\_\_\_\_ Phone \_\_\_\_\_

If any information is incomplete, forward it to the AIMS office as soon as it becomes available.