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**P.P. CH-3003 Bern, BJ, STRAB-SSR**

Musterfirma  
Teststrasse  
1000  
2000 Musterhausen

Recipient  
Swiss Criminal Records  
Service for Extracts to Private  
Individuals  
Bundesrain 20  
CH-3003 Bern

### Application for an extract from criminal records

Salutation	Mr.
Name	<b>Muster</b>
Name at birth	Muster
First name(s)	<b>Hans</b>
Date of birth, Marital status	<b>01.01.1901, single</b>
Place of family origin / Native country	<b>Bern / Switzerland</b>
Parents' names and first names	Muster, Erwin; Test, Sarah
E-mail / telephone	vogel+muster.hans@glue.ch,
Number of extracts / amount / form	<b>1, de, CHF 40, with certification, Albania (AL), on paper by post</b>

### Power of attorney:

I authorize the Swiss Criminal record to send the extract to:  
Musterfirma, Abteilung Security, Frau Muster Susanne, Teststrasse 1000, 2000, 3012 Bern

Date: ..... 

Applicant's own signature: ..... 

**Note:** Sign this form, enclose a copy of your ID, and forward it to the appropriate person/section (see below) in your business for checking.

### Enclosures:

#### 1. Copy of passport



<b>M R P</b>	Bill will be sent to: aaa_test_billingLabel	
	Responsible service at the business enterprise: Muster Visumsabteilung Testsgasse 2000 Musterhausen vogel+muster_visum@glue.ch	[Check mark/stamp]