



Australian Government

Department of Home Affairs

Family composition

Form
54

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

Other

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

- 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).
- 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 <small>(use codes below)</small> | 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 |
| / | / | |