Date stamp of registering authority:	For official use:	:	Registration			Please see notes: If there are more than four members in the family, please use an additional form.							
<u> </u>													
New hom	Previous home/residence												
Gemeindekennzahl (Community code number)			If you moved here from another country, state your last address in Germany Gemeindekennzahl (Community Code number)										
The new home/residence is			The (last) previous home/residence (in Germany) was:										
The only home the main home a secondary residence Date you moved in Postcode, town, district			The only home the main home a secondary Date you moved out						residence Postcode, town, district				
Street, house number, other address details			Street, house number, other address details					(if you moved from another country, name country)					
Will you be keeping your previous home? No or Yes, as my main house or Yes, as my secondary													
Do any of the people entered below have other homes/residences in Germany? No , Yes , If yes, pleas complete an additional sheet													
1) Family name (if req. with academic title)				2) Family name (if req. with academic title)									
Name at birth (maiden name)				Name at birth (maiden name)									
First name (underline name you are known by) Male				First name (underline name you are known by) Male									
Date of birth Place and	Female						Female						
			Date of birth Place and country of birth										
Marital status Single divorced registered partnership partner died married widowed partnership annulled				Marital status Single divorced registered partnership partner died married widowed partnership annulled									
Membership of a religious community				Membership of a religious community									
Nationalities (please state all nationalities)				Nationalities (please state all nationalities)									
German other: Passports/ Identity documents: (Do not fill in if moving within same country). Types of document PA= Identity card, RP= Passport, KP= child's passport													
Type Issuing authority, date, serial number Valid until				Type Issuing authority, date, serial number						Valid until			
			1	l .									
Only fill in the next line if you are registering a "main home".													
Tax class Number of other tax cards Living as permanently separated? Yes No			Tax class Number of other t				nber of other	ax cards Living as permanently separated? Yes No					
For married, widowed or persons living in a registered partnership (Do not fill in when moving home within the same community).													
Date and place of marriage/ registration of partnership				If applicable: first and family name of the deceased spouse/ partner					Date of death				
Single (i.e. unmarried), underage children (minors – under 18 years of age)													
3) Family name				4) Family name									
First name (underline name you are known by) Male			First name (underline name you are known by)							Male			
Date of birth Place of bi	Female			Date of birth Place of birth,					Female , district, country				
Date of birth Place of birth, district, country				1111			Flace of bill	ii, district, cour	itiy				
Membership of a religious community				Membership of a religious community									
Nationalities (please state all nationalities) German other:			Nationalities (please state all nationalities) German other:										
German other: German other: Passports/ Identity documents: (Do not fill in if moving within same country). Types of document PA= Identity card, RP= Passport, KP= child's passport													
Type Issuing authority, date, serial number Valid until			Type Issuing authority, date, serial number							Valid until			
Do not fill in the next line if you are registering a se													
Tax class Number of other tax cards Legal relationship (enter number) 1=natural child			Tax class Number of other ta			er tax	, , , , , , , , , , , , , , , , , , , ,						
Re	step child Relationship to father 1 or 2 Relationship to mother 1 or 2			R					step child Relationship to father 1 or 2 Relationship to mother 1 or 2				
	•		•				l	F /2					
Please fill in additional form if:			Date, signature of one of the persons who is obliged to register										
- You do not wish your data to be transferred to other parties - Family members or legal guardians/representatives are not also to be registered - You use a religious name or an artist's pseudonym - You or one of the persons to be registered is a refugee or displaced person.			Date, signature of a person who is legal guardian or has power of attorney (e.g. for healthcare reasons)										
- You or one of the persons to be registered is a refugee or displaced person													