

# Registration

New place of residence		Previous place of residence		If moving to Germany from abroad, please enter your last address in Germany!
The new place of residence is the <input type="checkbox"/> sole <input type="checkbox"/> primary <input type="checkbox"/> secondary place of residence		The (last) previous place of residence (in Germany) was <input type="checkbox"/> sole <input type="checkbox"/> primary <input type="checkbox"/> secondary place of residence		
Move-in date	Post code, municipality, district	Move-out date	Post code, municipality, district	
Street, house number, additions		Street, house number, additions	When moving to Germany from abroad, enter the country	
Will you continue to maintain your previous place of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes, i.e. as <input type="checkbox"/> primary <input type="checkbox"/> secondary place of residence				
Do the below specified persons have additional places of residence in Germany? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, complete supplementary sheet!				

<b>1</b> Surname, where applicable doctoral degree	<b>2</b> Surname, where applicable doctoral degree
Birth/maiden name	Birth/maiden name
Forenames (underline preferred name) <input type="checkbox"/> male <input type="checkbox"/> female	Forenames (underline preferred name) <input type="checkbox"/> male <input type="checkbox"/> female.
Date of birth      Place/Country of birth	Date of birth      Place/Country of birth
Marital status <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> in a life partnership <input type="checkbox"/> life partnership terminated <input type="checkbox"/> life partner deceased	Marital status <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> in a life partnership <input type="checkbox"/> life partnership terminated <input type="checkbox"/> life partner deceased
Religion	Religion
Nationality (please enter all nationalities!) <input type="checkbox"/> German <input type="checkbox"/> other:	Nationality (please enter all nationalities!) <input type="checkbox"/> German <input type="checkbox"/> other:

IDENTIFICATION DOCUMENTS			
Issuing authority, date, serial number	Expires on	Issuing authority, date, serial number	Expires on

For married or widowed persons, or those in a life partnership	
Date and place of marriage/conclusion of the life partnership	
Where applicable, surname, forename of the deceased spouse/life partner	Date of death

## Minor, unmarried children

<b>3</b> Surname	<b>4</b> Surname
Forenames (underline preferred name) <input type="checkbox"/> male <input type="checkbox"/> female	Forenames (underline preferred name) <input type="checkbox"/> male <input type="checkbox"/> female.
Date of birth      Place/Country of birth	Date of birth      Place/Country of birth
Religion	Religion
Nationality (please enter all nationalities!) <input type="checkbox"/> German <input type="checkbox"/> other:	Nationality (please enter all nationalities!) <input type="checkbox"/> German <input type="checkbox"/> other:

IDENTIFICATION DOCUMENTS			
Issuing authority, date, serial number	Expires on	Issuing authority, date, serial number	Expires on

**Instructions on Section 202a German Criminal Code (StGB) in accordance with Section 23 (5) Federal Registration Act**  
By signing this document, I confirm that I am authorised to receive and handle the data of all persons entered on the registration certificate. I am aware that the unauthorised receipt of data under the pretence of authorisation is a criminal offence and can be prosecuted with up to three years of imprisonment or a fine in accordance with Section 202 a of the German Criminal Code.

**Complete the supplementary sheet if**  
▪ relatives or legal representatives do not require registration.

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date, signature of one of the registering parties

\_\_\_\_\_  
Date, signature of an authorised guardian