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| Please take notice of the instructions for filling out the form! | | The following information is required subject to sect. 13, 15, 17 and 18 of the Registration Laws. | | | Daily stamp of the registry office | |
| APPLICATION for registration - Please print the German form below! | | | | | | |
| Date of move/relocation | | Day | Month | Year | Gemeindeschlüssel | Gemeindeschlüssel |
| | | | | | 09.1.62.000 | |
| New residence (street/place, number, floor) | | | | | previous residence (street/place, number, floor) | |
| (ZIP/Postal code) (town, community) München | | | | | (ZIP/Postal code, town/community; if in a foreign country incl. state, province) | |
| The new residence in Germany is <input type="checkbox"/> the only residence <input type="checkbox"/> main residence <input type="checkbox"/> second residence | | | | | If you intend to keep your previous main residence in Germany or if you have any other residences here, please fill out the additional form "registration of several residences" | |
| to fill out only if you are moving from abroad: last residence in Germany (postal code, town, street/place, number) | | | | | | |
| Pos. 1 | Surname/last name | | | Earlier names/maiden name/name of birth | | First name(s) |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Pos. 1 | Academic title | Marital status | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth | Place of birth (county, state; if in a foreign country: incl. country) | |
| 2 | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| 3 | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| 4 | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| Pos. 1 | Nationality(ies) | | | Religion | Date and place of marriage/civil partnership | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Information about your spouse or life partner, who does not move in with you | | Do you live constantly separated from your spouse or life partner? | | | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Surname/Last name | | Date of birth | | | | |
| First name | | | | | | |
| Address (street/place, number, postal code, town,community) | | | | | | |
| (Postal code, town,community) | | | | | | |
| Identity information | | | | | For refugees/displaced persons: residence on 1st Sept. 1939 (town, country, province) | |
| Pos. | Description | serial number | Issuing authority | Date of issue | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Legal representative (first name, surname, academic title, date of birth, address) | | | | | | |
| Regarding your rights to protest against the transfer of private information in certain cases, please read attached application intructions. | | | | | | |
| Place, date | | | | Applicant's signature | | |