Please take notice of the instructions for filling out the form! The following informations are required subject to sect. 13, paily stamp of the registry office 15, 17 and 18 of the Registration Laws.														
APPLICATION for registration - Please print the German form below!														
	Date of Day Month Year Gemeindeschlüssel Month Year O9.1.62.000									Gemeindeschlüssel				
New residence (street/place, number, floor) previous residence (street/place, number, floor)												ce, number, floor)		
(ZIP/P	(ZIP/Postal code) (town, community) München									(ZIP/Postal code, town/community; if in a foreign country incl. state, province)				
The ne	The new residence in Germany is								If you intend to keep your previous main residence in					
The new residence in Germany is the only residence main residence second residence The new residence in Germany is the only residence main residence second residence The new residence in Germany or if you have any other residences here, please fill out the additional for "registration of several residences for the fill out to be fil														
to fill o	fill out only if you are moving from abroad: last residence in Germany (postal code, town, street/place, number)													
Pos.	Surname/last name					Earlie	r names/maid	en nan	ne/name of birth First			name(s)		
2														
3														
4														
Pos.	Academic title Marital sta			Gender M	Date of birth Place			e of birth (county, state; if in a fore			eign country: incl. country)			
2				М	F									
3				М	F									
4				М	F									
Pos.		N	lationality	lity(ies)			Religion		Date and place of marriage/civil partnership					
2														
3														
4														
Pos.	Do you need income tax ca	10	Tax bracket	Lega	al statu	s of the	e registered ch	nildren		Informations a		our husband/wife or lifepartner, who does not		
1	no yes			to the father			to th	e moth	er	Surname/Last name				
2		-								First name		Religion		
3	no yes									Address (street/place, number, postal code, town,communi				
4		-								(Postal code,	town,c	ommunity)		
	no yes					y inforn	nations					For refugees/displaced persons: residence		
Pos.	Descrip	otion		Issu	ing au	thority		Dat	te of issue	Date of Ex	kpiry	on 1st Sept. 1939 (town, country, province)		
1														
2														
3														
4														
Legal representative (first name, surname, academic title, date of birth, address)														
D -	nalia a	la d	4		4		f multi 1 . 1 . 1				1	a mod etteched and Park		
Regarding you rights to protest against the transfer of private information in certain cases, please read attached application intructions.														
Place,	Place, date App							Applio	Applicant's signature					

	Please take notice of the Instructions for filling out the form! The following informations are required subject to sect. 13, Daily stamp of the registry office 15, 17 and 18 of the Registration Laws.											
APPLICATION for registration - Please print the German form below!												
Date	of e/relocation	Day	Month Year	5.225	meindeschlüs 9.1.62.00		Gemeindeschlüssel					
New residence (street/place, number, floor) previous residence (street/place, number, floor)												
(ZIP/F	ostal code) (town, Münc		inity)			(ZIP/Postal code, town/community; if in a foreign country incl. state, province)						
-	ew residence in Ger he only residen		main residence	е П в	econd resid	If you intend to keep your previous main residence in Germany or if you have any other residences here, please fill out the additional for "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.	Surname/last nam		Earli	er names/maio	den nam	e/name of birth First			ame(s)			
2												
3												
4		atus Gender										
Pos.	Academic title M	F	ate of birth	Place	of birth (co	ounty, state; if in a	fore	ign country: incl. country)				
2		Пм П	F	Martial			al status: LD = single, VH = married, GS = divorced,					
3	□м □ F					vw	VW = widowed					
4 Pos.	Nationality(ies)				Religion		Date and place of marriage/civil partnership					
1		_	Trengion									
2				Religions: EV = evangelic, RF =reformed, RK = rom					=reformed, RK = roman catholic			
3			_		AK :	AK = old catholic, IS = israelit, VD = miscellaneous						
4	Do you need an	Tax	á I					Informations abo	ut vo	our husband/wife or lifepartner, who does not		
Pos.	income tax card?	brack		19.40/19.0/19.0/19.0	e registered c	hildren ne mothe	move in with you			Date of birth		
1	🗷 no 🗌 yes			ear 1	02599 257.		First name			Religion		
2	no yes									110000 1000000111111		
3	no yes							(Postal code, tow		, number, postal code, town,community)		
4	no yes				mmunity)							
Pos.	Description Issuing a				mations	Date	e of issue	Date of Expir	V	For refugees/displaced persons: residence on 1st Sept. 1939 (town, country, province)		
1		14	Personalauswe		Card							
2			Reisepass = passport									
3			Kinderausweis :	child's	ID Card							
4			Kinderreisepass	s = child	's passpor							
Legal representative (first name, surname, academic title, date of birth, address)												
Regarding you rights to protest against the transfer of private information in certain cases, please read attached application intructions.												
Place, date						Applicant's signature						