

REGISTRATION at the registration office

Date of moving into the apartment in post code Hamburg
 Street (or place etc.), house number, add-on (e.g. name of main tenant), floor, apartment number

① Name and address of the landlord **Processing Comment**
Only to be completed by the administration

②

1 Surname / Doctoral degree

Birth name (if applicable)

First name(s) (please underline your given name) male female

Date of birth Place of birth (city and country)

single civil partnership annulled civil partnership
 married divorced widowed widowed civil partner

Lutheran Jewish Com. Hamb. Other religious communities / no statement / none
 Roman Catholic Reformed Churches

Current Nationalities

ID Card
 issuing authority, date of issue, expiry date and serial number

Passport
 issuing authority, date of issue, expiry date and serial number

2

1 **Please fill in the head of the household's details!**

3

2

3 **These fields are identical to field no. 1.**

4 **Please provide details for each family member living in the same domicile!**

4

③ Previous accommodation Post code Municipality / street / house number and add-on

Please complete the "supplementary sheet for the registration of several domiciles", if you have not given up your last domicile or if further domiciles exist.

Re-Immigration from abroad	In case of re-immigration from abroad, please fill in your last former address in Germany, adding the date of having moved abroad.
Post code	Municipality / street / house number and add-on / immigration country
Previous residence in Germany:	<input type="text"/>
Date of moving abroad:	<input type="text"/>

Married persons	Date and	Place of marriage (registry office; if abroad, also state country)
<i>If you are married or live in a civil partnership, filling in this field is mandatory!</i>	<input type="text"/>	<input type="text"/>
Persons in a civil partnership	Date and	Place of creation of the civil partnership (if the union was registered abroad, also state country)
	<input type="text"/>	<input type="text"/>

Widowed persons	Date of spouse's death	Widowed civil partner	Date of partner's death
	<input type="text"/>		<input type="text"/>

Personal data of the spouse / partner who does not move to the residence	First name and surname / Doctoral degree	Date of birth
	<input type="text"/>	<input type="text"/>
	Address	
	<input type="text"/>	
	Address of the last joint residence	
	<input type="text"/>	

Parents of minors	Father: First name and surname / Doctoral degree	Date of birth
<i>Do not fill in this field if minors move in with parents!</i>	<input type="text"/>	<input type="text"/>
	Mother: First name and surname / Doctoral degree	Date of birth
	<input type="text"/>	<input type="text"/>
Address of father	Address of mother	
<input type="text"/>	<input type="text"/>	

④

Refugees and displaced persons	Please fill in the field number showing the resident's data on the front page of this form	Municipality, district (country / province) on 1.9.1939
<i>This field is not relevant for you!</i>	<input type="text"/>	<input type="text"/>

⑤

Interdiction of data transfer according to § 42 paragraph 3 of the Federal Registration Act	Please fill in the field number showing the resident's data on the front page of this form	<input type="text"/>	Interdiction of data transfer according to § 50 paragraph 1, 5 of the Federal Registration Act	Please fill in the field number showing the resident's data on the front page of this form	<input type="text"/>
<i>This concerns data submission to religious communities. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>	<input type="text"/>	<i>This concerns data submission to political parties, electoral groups etc. in the context of elections and referendums. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>	<input type="text"/>
Interdiction of data transfer according to § 50 paragraph 2, 5 of the Federal Registration Act	Please fill in the field number showing the resident's data on the front page of this form	<input type="text"/>	Interdiction of data transfer according to § 58c paragraph 1 of the Soldiers Act	Please fill in the field number showing the resident's data on the front page of this form	<input type="text"/>
<i>This concerns submission of your age or marriage jubilees to political representatives, press or broadcasters. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>	<input type="text"/>	<i>This concerns data submission to the Federal Office of Defence Administration. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>	<input type="text"/>
Interdiction of data transfer according to § 50 paragraph 3, 5 of the Federal Registration Act	Please fill in the field number showing the resident's data on the front page of this form	<input type="text"/>			
<i>This concerns data submission to directory publishers. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>	<input type="text"/>			

Interdictions of data transfer recorded in the residence registry of your previous domicile because of dangers to life and limb (§ 51 paragraph 1 of the Federal Registration Act)	Please fill in the number the resident is referred to on the first page of this form
<i>This concerns preventing data transfers that could endanger your life or physical well-being. If this could be relevant to you, please ask a member of our staff!</i>	<input type="text"/>

Stamp of the registration office	⑥ Date and signature of the person subject to registration
<input type="text"/>	<input type="text"/>