

This form is to help you with filling in the registration sheet for city registration in Bremen. For filling in please **only use the German form!**

<b>Registration at the Registry Office</b> (Please read the Instructions and explanations about the registration form before filling out the information, Please fill out in block letters)		Date Stamp from the Registry Office	
<b>New residence</b> (Street, street number)		<b>Previous residence</b> (Street, Street number) (address only, if in Germany)	
<b>Postcode, City:</b> 28???, Bremen	<b>Date of moving in:</b>	<b>Postcode, City:</b> (if foreign country, country/state)	
<b>The new residence is:</b> <input type="checkbox"/> only acc. <input type="checkbox"/> main acc. <input type="checkbox"/> secondary res.		<b>This residence was:</b> <input type="checkbox"/> only acc. <input type="checkbox"/> main acc. <input type="checkbox"/> secondary res.	
<b>Will you keep the previous residence?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, as <input type="checkbox"/> main acc. <input type="checkbox"/> secondary acc.			
<b>Do you have other accommodations?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, as declared in V - VII			
<b>Landlord information:</b>		<b>If you moved here from a foreign country, please name the last residence you were living in in Germany (if existing):</b>	
<b>Name:</b>		<b>Date of moving out</b>	
<b>Street, street number:</b>		<b>Street, street number:</b>	
<b>Postcode, City:</b>		<b>Postcode, City:</b>	

I .

No.	The following persons will be registered: Family name (where applicable title)	Maiden Name	Given Name (underline name used)						
1									
2									
3									
4									
5									
No.	Date of birth	Place of birth (community, county, country if abroad)	Sex	Marital status					
				single	married	widowed	divorced	separated	unknown
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.	Religion	Additional names like stage names/pseudonyms		Registered partnership					
				existing	separated	Dissolved through			
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death	<input type="checkbox"/> Declaration of death		
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death	<input type="checkbox"/> Declaration of death		
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death	<input type="checkbox"/> Declaration of death		
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death	<input type="checkbox"/> Declaration of death		
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death	<input type="checkbox"/> Declaration of death		
No.	Nationality		If married or in a registered partnership, date and place of (last) marriage or creation of partnership						
	german	other							
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								
5	<input type="checkbox"/>								
No.	Documents as ID-card(PA), Passport(RP), Children's passport (KRP)								
	Type (PA, RP, KRP)	Issued by	Serial Number	Date of issue	Expiry Date				
1									
2									
3									
4									
5									

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**II.**

Information about Spouse/ Domestic Partner, if he/she will not be registered for the new residence			
Family name (where applicable doctorate)	Given Name(s)	Sex	Date of Birth
Street, Street number	Postal code, City		

**III.**

Information about children under the age of 18, if not listed under <b>I.</b>				
No.	Sex	Surname, given name(s)	Address (Postal Code, City, Street, Street Number)	Date of birth

**IV.**

Information about the <u>parents of children under the age of 18</u> (according to No. <u>    </u> ) or <u>legal representative</u> (according to No. <u>    </u> ), if not listed under <b>I.</b>			
No.	Family name (where applicable title), given name(s)	Address (Postal Code, City, Street, Street Number)	Date of birth

**V.**

Information about the status of living, if you have more than one apartment/place to life (Please mark the numbers for the correspondent people you listed under <b>I.</b> )				
No.	a) The new residence is for the following person(s)		b) The previous residence stays for the following person(s)	
1	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence
2	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence
3	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence
4	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence
5	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence	<input type="checkbox"/> main accommodation	<input type="checkbox"/> secondary residence

**VI.**

If the new residence is only the secondary residence and the previous residence will not be kept or just as a secondary residence, please fill in the information about the main accommodation here.					
Relating to Person No.					Address (Postal Code, City, Street, Street Number)
1	2	3	4	5	
1	2	3	4	5	

**VII.**

Other residences exist					
Relating to Person No.					Address (Postal Code, City, Street, Street Number)
1	2	3	4	5	
1	2	3	4	5	

**VIII.**

Information about the residence from 1 <sup>st</sup> of September 1939	
<small>(Just needs to be filled out if you are a refugee from any of the territories that are mentioned in §1 Abs.2 Nr.3 of the Bundesvertriebenengesetz)</small>	
No.	Address, District, Province

**IMPORTANT NOTE:**

Please consider the registration data transmission blocking and information blocking without charges on the page before!

Place, Date	Sign here (Signature of a registering person)
	X