

SAMPLE: Please do not fill in; only use original

REGISTRATION at the registration office

Date of moving

0	1	0	4	2	0	0	8
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 into the apartment in 20457 Hamburg
postal (zip) code

Street, house number, floor

Alter Wall 11, ground floor

① Name and address of the landlord

SAGA

Poppenhusenstraße 2, 22305 Hamburg

Bearbeitungsvermerk
Job done mark

*This field
will be filled
In by the
administration!*

② Surname / Doctor's degree

Public

1

Birth name (if applicable)

First name(s) *please write all of them and underline the principle one*

John *Quentin*

male
 female

Date of birth

0	1	0	1	1	9	7	0
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Place of birth

Hamburg, Germany

single civil union annulled civil union widowed
 married permanently separated divorced

Lutheran

Roman Catholic

Other religious community

Nationalities

German

ID card
 passport

Date, year and place of issue, and number
01.01.2007, Hamburg, 876234

2

1

*Please fill in data for the
head of the household*

3

4

2

3

4

*These fields are identical to field Nr. 1.
Please fill in data for family-members (spouse and children)
who live in the same accommodation!*

③ Previous
accommodation

postal (zip) code

2	0	0	9	9
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Municipality / street / house number

Hamburg, Klosterwall 2

*Please fill in here the address of your last residence - also if you lived
abroad before.*

*If you had ever lived in Germany before, please add your last German
address, too.*

If you have several residencies they have to be registered as well.

Please enquire about the necessary procedures!

SAMPLE: Please do not fill in; only use original

④	Married persons	Date of marriage ceremony	Place of marriage ceremony (registry office)
	2 0 0 1 2 0 0 1 <i>Standesamt Berlin-Mitte</i> Has a family register been created? <input type="checkbox"/> yes <input type="checkbox"/> no Date of creation of civil union _____ Place of creation of civil union _____ _____		

④	Partner in a civil union <i>⚡ If you are married or live in a civil union you must fill in this field necessarily!</i>	First name and surname / Doctor's degree	Date of birth
	If you live permanently separated from your spouse you don't need to fill in the religion	Address	<input type="checkbox"/> Lutheran
		Address of the last joint accommodation	<input type="checkbox"/> Roman Catholic
		Other religious community	

⑤	Minors who do not move into the accommodation	Legal status to the parent who moves in							
	First name and surname	Date of birth	Father ◀						
	First name and surname	Date of birth	Mother ◀						
	First name and surname	Date of birth							
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td>own child</td> </tr> <tr> <td style="text-align: center;">2</td> <td>foster child</td> </tr> <tr> <td style="text-align: center;">3</td> <td>step child</td> </tr> </table> <p><i>⚡ Please fill the appropriate number into the fields!</i></p>	1	own child	2	foster child	3	step child
1	own child								
2	foster child								
3	step child								

④	Widowed Persons	First name and surname of deceased spouse	Date of birth
		Date of marriage ceremony	Place of marriage ceremony
		_____	_____
		Has a family register been created?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Date of death	_____

④	Parents of minors	Father: First name and surname	Date of birth
	Do not fill in this field when minors move into the parents' accommodation	Mother: First name and surname	Date of birth
		_____	_____
	Address of father	Address of mother	

⑥	Refugees and displaced persons <i>This field is not relevant for you!</i>	...
		...

⑦	Ban of data transfer according to § 33 para 2 Hamburg Registration Law	
	Please fill in the number the person is referred to on the first page ▶	
	<i>This paragraph concerns the ban of data transfer to religious communities. If this could be relevant to you, please ask a member of our staff!</i>	
	Ban of data transfer according to § 34 para 1 Hamburg Registration Law	
	Please fill in the number the person is referred to on the first page ▶	
	<i>This paragraph concerns the ban of data transfer to third persons who might have access to data via internet. If this could be relevant to you, please ask a member of our staff!</i>	
	Ban of data transfer according to § 35 para 1 Hamburg Registration Law	
	Please fill in the number the person is referred to on the first page ▶	
	<i>This paragraph concerns the ban of data transfer to parties in the context of elections. If this could be relevant to you, please ask a member of our staff!</i>	

⑧ Required Tax cards		
<i>⚡ Please fill in the number the person is referred to on the first page</i>	<i>⚡ Please fill in the tax class</i>	<i>⚡ Please fill in if you need further tax cards</i>
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

Stamp of the authority	Date and signature of the person getting registered
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