

Please note the instructions for filling out the form!		The following information is required subject to Art. 13, 16 and 18 of the Bavarian Registration Laws.			Tagesstempel der Meldebehörde	
APPLICATION for registration						
Please do not write in the shaded areas!						
Gemeindeschlüssel 09.1 - 62.000		Date of move / relocation		Gemeindeschlüssel		
New residence (street, number, floor)				Former residence to date (street, number, floor)		
(ZIP/Postal code, town/community) München				(ZIP/Postal code, town/community, if in a foreign country: incl. county, state, province, country)		
The new residence is <input type="checkbox"/> Main residence		<input type="checkbox"/> Second residence		Are there any other residencies for the persons listed? <input type="checkbox"/> no <input type="checkbox"/> yes		
If you intend to keep your former main residence or if you have other residencies, please fill out the additional form „registration of several residencies“						
Lfd. Nr.	Surname / last name			Earlier names / maiden name / name at birth		First and middle names
1						
2						
3						
4						
Lfd. Nr.	Academic titles	Marital status	Gender	Date of birth	Place of birth (if in a foreign country incl. county, state, province, country)	
1			<input type="checkbox"/> M <input type="checkbox"/> F			
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			
Lfd. Nr.	Nationality(ies)		Religion	Date and place of marriage		Where did you apply for registration in the family register?
1						
2						
3						Have you lived here at any time prior to this date?
4						<input type="checkbox"/> no <input type="checkbox"/> yes
	Employed?	Do you need an income tax card?	Tax bracket/ category	Legal status/position of the registered children		Information about husband or wife who are not moving / relocating with you
Lfd. Nr.				to the father	to the mother	Surname / Last name
1	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes				Date of birth
2	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes				First name
3	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes				Complete address (Street, number, floor)
4	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes				(ZIP/Postal code, town/community)
Personalausweis (PA) - Reisepaß (RP) - Kinderausweis (KA)						For refugees / displaced persons: Residence on Sept. 1, 1939 (town, county, province)
	Passport number	Issuing authority			Date of issue	Expires
Lfd. Nr.						
1						
2						
3						
4						
Legal representative (first name, surname, academic title, date of birth, address)						
Regarding your rights to object to the transfer of private information in certain cases please read attached application instructions.						
Place, date München, den				Applicant's signature		

