Application for naturalization according to Article 116 (2) Basic Law (please fill in the form completely)

1. Information on the applicant

Surname:		Name at birth: (and/or other former names)								
First name/s:				Gender: O m O f			Religion: O Jewish Other:			
Date of birth:										
Date of birth: Place of birth (city, country): Marital status:										
single	1. marriage date: 1. divorce date: 2. m		narriage e:	date:		widowed date:				
Exact addres		Telepho	ne:							
		private:								
		cell:								
		E-mail:								
Places of residence outside the USA since birth (only if more than 6 months)										
from	until	in (city, country)								
Last residence	e in Germany: (exact	address)			I left Germany on (date):					
		many on (dat	0).							
Citizenship/s (please indicate all your citizenships)										
acquired by: O birth O naturalization; date:										
	acquired	by: O birth O na	turaliz	zation; date:						
Have other relatives already acquired German citizenship? Name – authority – ref. no. – date of issue:										
2. Information on my children under the age of 16 who also request naturalization (property both parents have to sign under No. 6)										
Surname	ints have to sign unde	First name/s				th Place of birth Gender				
									O f	
								Om	O f	
								O m		
2 Informa	tion on my nore	unto.								
Mother:	tion on my pare	ents		Father:						
Surname:	Surname:	Surname:								
First name/s				First name	First name/s					
Name at birth	Name at bi	Name at birth: (and other previous names)								
Date of birth:				Date of birt	h:					
Place of birth:	Place of bi	Place of birth:								
Religion:	Religion:	Religion: O Jewish O other:								
Date and place of marriage:										
Date and place of divorce:										
Citizenship/s				Citizenship	Citizenship/s					
current: [ent: USA Date of acquisition: Date of acquisition: Date of acquisition:		current:	current: USA Date of acquisition: Date of acquisition: Date of acquisition:		:				
former:	German			former:		erman				

(continuation mother)	(continuation father)							
Places of residence since birth (only if more than 6 months) from until in (city, country)	Places of residence since birth (only if more than 6 months) from until in (city, country)							
Lest residence in Cormany	Lest residence in Cormany							
Last residence in Germany:	Last residence in Germany:							
She left Germany on (date):	He left Germany on (date) :							
4. Information on my grandparents (on the "German side". If both parents of the applicant were German side.	man on the father's side)							
Grandmother:	Grandfather:							
Surname:	Surname:							
First name/s	First name/s							
Name at birth: (and other previous names)	Name at birth: (and other previous names)							
Date of birth:	Date of birth:							
Place of birth:	Place of birth:							
Religion: O Jewish O other:	Religion: O Jewish O other:							
Date and place of marriage:	rengen. O commit o care.							
Date and place of divorce:								
Citizenship/s	Citizanahin/a							
· <u> </u>	Citizenship/s Date of acquisition:							
current: USA Date of acquisition: Date of acquisition:	current: USA Date of acquisition: German Date of acquisition:							
Date of acquisition:	Date of acquisition:							
former: German	former:							
Places of residence since birth (only if more than 6 months)	Places of residence since birth (only if more than 6 months)							
from until in (city, country)	from until in (city, country)							
Last residence in Germany:	Last residence in Germany:							
She left Germany on (date):	He left Germany on (date) :							
5. Signature / declaration								
	on is to the best of my knowledge. I have been informed that incorrect or							
incomplete information might lead to the denial or revocation of t Declaration on the right of access of other records (please st								
My application will be processed by the Bundesverwaltungsamt ((Federal Office of Administration) in Cologne. I hereby agree to the access							
of other records if necessary. This may include, for instance, files authorities.	s on restitution or compensation which have been filed with other							
Place: Date: X								
Signature	of the applicant							
6. Signature / declaration for children under the	age of 16 or for applicants without legal capacity							
→ Both parents (or the legal guardian) have to sign								
	the applicant without legal capacity. bwledge. I/we have been informed that incorrect or incomplete information							
Place: Date: X	X							
	ature of the mother) (Signature of the father)							
(Sign	ature or the mother) (Signature of the lattier)							