

If you want to register more than 4 people please use further registration forms		Die nachstehenden Daten werden aufgrund von § 12 i.V. m. §15 des Berliner Meldegesetzes vom 26.2.1985 - GVBl. S. 507), zuletzt geändert durch Artikel V des Gesetzes vom 25.01.2010 (GVBl. S. 22. 23) erhoben		Tagesstempel der Meldebehörde	
Registration with the registration office					
Dienststelle (leave blank)		At new address since		Gemeindeschlüssel (leave blank)	
New address (street, number, storey/floor)				Previous address (street, number, storey/floor)	
Postcode Berlin				Previous address (Post code, City, Country)	
with (Name on letterbox)		Hinweis auf Zustimmung- und Widerspruchsrecht zur Datenübermittlung gem. §§27-29 MeldeG (siehe allg. Hinweise B.)			
(this declaration is optional)		<input type="checkbox"/> erfolgt			
Will you be maintaining a residence at your old address (if within Germany)?					
		no			
		yes			
Does the person registering have a 2nd place of residence within Germany					
				no	
				yes	
leave blank					
If you are moving to Berlin from outside Germany, but you have lived in Germany in the last 5 years, list your most recent German address here. Also indicate the dates you lived there:					

Lfd. Nr.	Date of Birth	Sex (m/f)	Family name and title	Previous Name and aliases	Given name(s)
1					
2					
3					
4					

Lfd. Nr.	Place of Birth	Nationality	Religion	Marital status	Place and date of marriage (where applicable)
1					
2					
3					
4					

Lfd. Nr.	Tax identification number	Employed?	Information about spouse if living independently
1		<input type="checkbox"/> No <input type="checkbox"/> Yes	Family Name Date of Birth
2		<input type="checkbox"/> No <input type="checkbox"/> Yes	First Name religion
3		<input type="checkbox"/> No <input type="checkbox"/> Yes	Address (street, number)
4		<input type="checkbox"/> No <input type="checkbox"/> Yes	Postcode, City

Lfd. Nr.	Personal ID (only relevant if carrying a German ID card)				Passport			
	Number	Issuing authority	Date of issue	Date of expiry	Number	Issuing authority	Date of issue	Date of expiry
1								
2								
3								
4								

Name, Date of Birth and address of guardian (where a child is registered)	
	Date and signature (only of one person registering)