

Deregistration

Previous place of residence		Future place of residence		
This (previous) place of residence was <input type="checkbox"/> sole <input type="checkbox"/> primary <input type="checkbox"/> secondary place of residence		The future place of residence is the <input type="checkbox"/> sole <input type="checkbox"/> primary <input type="checkbox"/> secondary place of residence		
Move-out date	Post code, municipality, district	Move-in date	Post code, municipality, district	
Street, house number, additions		Street, house number, additions		
Further apartments	This residence was previously		This residence will be	
	primary residence	secondary residence	sole	primary secondary
Address (street, house number, additions, post code, municipality, district)				
s.o				
s.o				

<div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">1</div> Surname (PhD degree)	<div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">2</div> Surname (PhD degree)
Firstname	Firstname
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Sex <input type="checkbox"/> male <input type="checkbox"/> female.
Date of birth Place of birth	Date of birth Place of birth
Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered civil partnership <input type="checkbox"/> registered civil partnership annulled <input type="checkbox"/> registered civil partnership deceased	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered civil partnership <input type="checkbox"/> registered civil partnership annulled <input type="checkbox"/> registered civil partnership deceased
Religion	Religion
Nationality (please note all)	Nationality (please note all)

Minor, unmarried children

<div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">3</div> Surname	<div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">4</div> Surname
Firstname	Firstname
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Sex <input type="checkbox"/> male <input type="checkbox"/> female.
Date of birth Place of birth	Date of birth Place of birth
Religion	Religion
Nationality (please note all)	Nationality (please note all)

Date, signature of one of the registering parties

Date, signature of an authorised guardian