



**TAX ADMINISTRATION SINT MAARTEN**  
**Management & Support**

**CHANGE OF ADDRESS FORM**

<b>Family name</b>	
<b>First name:</b>	
<b>Cribnumber:</b>	
<b>ID-number:</b>	
<b>Old address:</b>	
<b>Streetname and number:</b>	
<b>Area:</b>	
<b>New address:</b>	
<b>Streetname and number</b>	
<b>Area:</b>	

**MARITAL STATUS:**

Single/Married/Divorced

Date of marriage: \_\_\_\_\_

Date of divorce: \_\_ \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Date of birth of spouse: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (day/month/yr) Amount of children: \_\_\_\_\_

Tel #: \_\_\_\_\_

The undersigned: \_\_\_\_\_

Date: \_\_\_\_\_