

CHANGE OF ADDRESS FORM

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

MARITAL STATUS:

☐ Single / ☐ Married / ☐ Divorced

Date of marriage: ____/____/____
DD MM YYYY

Date of divorce: ____/____/____
DD MM YYYY

Name of spouse: _____ Spouse Crib: _____

Date of birth of spouse: ____/____/____
DD MM YYYY

Amount of children: _____

Phone number: _____

Email: _____

The undersigned: _____

Date: _____

I hereby declare that I have filled out this Change of Address form clearly, truthfully and without any reservation.

Note: Please attach valid identification and proof of your new address (such as a GEBE bill or an updated census registration, no older than 6 months)