

Declaration: Relocation to the municipality Relocation within the municipality Emigration

Last name : _____
 First names : _____
 BSN number : _____
 Birth date/Birth place : _____ / _____
 Date of relocation : _____
 E-Mailadress : _____
 Telephone number : _____

Old adress : _____
 Zipcode, Residence : _____
 Municipality : _____

New adress : _____
 Zipcode, Residence : _____
 Municipality : _____
 Country : _____

Method of habitation* : Lease contract Buyers contract Main occupant statement
 other : _____

Declaration has co-relationship with: (Last name, First name, Birthdate and Birthplace)

1. _____
 Bsn: _____
2. _____
 Bsn: _____
3. _____
 Bsn: _____
4. _____
 Bsn: _____

This declaration was made by : _____
 Date of declaration : _____

Signature: _____

Parafen & datum		
li01	lb01	Null

***See the reverse for an explanation of the documents to be submitted**

The declarant must always identify himself (A photocopy of identification).

With a lease contract please enclose the following documents:

- A photocopy of the lease contract.

With a buyers contract please enclose the following documents:

- A photocopy of the buyers contract.

With a Mainoccupant statement please enclose the following documents:

- A statement from the (co)main occupant showing that he/she has no objection to the intended registration.
- A photocopy of identification from the (co)main occupant.

For information:

1. Be obliged to declare are:

- the person concerned;
- parents, guardians and guardians of young people up to 16 years old.

Are authorized to declare:

- the parent and his child, if both have the same home address for each other;
- married / registered partners who have the same home address for each other.
- every adult for a person who has authorized him / her in writing.

The signature of the person being authorized must always be verified by means of a valid proof of identity.

2. A written statement must be submitted with regard to residence or cohabitation, stating that te co-tenant(s) is/are aware of this declaration. The signature of the roommate(s) must always be verified by means of a valid proof of identity.

3. You have the right to request confidentiality of your data. You must submit a written request for this. The confidentiality request form is available at the Burgerzaken department or on the website (www.diemen.nl).

4. Postal adress

Municipality of Diemen
Team Burgerzaken
PO Box 191
1110 AD Diemen

Opening hours civil affairs:

Monday throug Friday	08.30 - 12.30
Wednesday afternoon	13.30 - 15-30
Thursday evening	17.30 - 19.30