

Declaration of Emigration			
Family name			
First names			
Date and place of birth			
Phone number	BSN:		
e-mail address			
Date of emigration			
Duration of emigration			
	Old address:		
Streetname and house number			
Postal code and town			
Does someone continues to live at the old address?	<input type="radio"/> YES, _____persons <input type="radio"/> NO		
	New address abroad:		
Streetname and house number			
Postal code and town			
Country			
Family members who are moving along (husband/wife/registered partner and children)			
Name	Initials	Date of birth	BSN
Signature 1) Signature declarant			
Legitimatie gezien: -----			
	1) _____ Date: _____		
	To be completed below by a civil affairs employee:		
Datum ontvangst aangifte	door:		
Emigratie verwerkt op	door:		
Zaaknummer			

* The telephone number can be used for purposes related to keeping up the Basis registratie personen (BRP)