

Declaration of:	0 Movin	g from another municipal g within the municipality an also submit a declarat	of Montfoo	
Last name	:			Sex M/F_
First name in full	:			
Date of birth	:	Birthplace :		
Old address	:			
Postal code	:	Place/City :		
New address	:			
Postal code	<u>:</u>	Place/City :		
Date of moving	:	Phone number :		
Email address	:			
The following family mer This concern your spous		g to this address:		
Name	Initial(s)	Date of birth	at	Sex M/F
0 with page of the	occupant or arents or g in with ion of consent on the going to live toget	since: e back of the main must be filled her, a separate form must be fille lress after moving:	ed in by this pe	erson
	-	<u> </u>		
Signature:				
form, together with a cop someone, you must hav attach a copy of his or h child(ren), the other pare	by of the full lease of the back (consender identification. If beent or custodian muster parel	r purchase contract, to the munic t form of principal occupant) or oth parents have joint custody of st give written permission for this. nt or guardian) filled in by the ot	cipality of Mont of this form filled the child(ren) . You must do	
	Registration of Perso	ons Act and can then be fined wit		oligation to make a declaration as trative fine of a maximum of 325 euro
Aangenomen door	:		D	Patum :
Gemeente Montfoort Kaste	elnlein 5 3417 IG Mont	tfoort Posthus 41 3417 7G Montfoort	t T 0348-476400	O F 0348-474214 info@montfoort nl



consent form of principal occupant:

Name main occupant	:Sex M/F_
First name in full	<u>. </u>
Date of birth	:Birthplace:
Address	<u>. </u>
Postal code	:Place/City :
Phone number	:
Email address	<u>:</u>
occupied by him or her. I a	to agree with the intended registration in the BRP of the following person (s) at the address already am aware that I cannot deregister this person / persons myself in the event of a departure from my ged to inform the municipality of Montfoort of a departure.
Name	:Sex M/F_
(to whom the premission is gran First name in full	d) :
Date of birth	:Birhplace :
Date	:
Signature consenter	:



Statement of consent from another parent or guardian:

Last name parent or guardian	Sex M/F_
First name in full	
Date of birth	Birthplace :
Declares to be familiar with and a	ee to the relocation of his or her child (ren) with the other parent or guardian.
Last name child 1:	Last name child 2:
Initials :	Initials :
Date of birth :	Date of birth :
Birthplace :	Birthplace :
Last name child 3:	Last name child 4:
Initials :	Initials :
Date of birth :	Date of birth :
Birthplace :	Birthplace :
Address :	
_	
Signature :	

A copy of the ID of all persons must be enclosed