

Declaration of emigration

Last name	:			Sex M/F_
First name in full	:			
Date of birth	:	Birthplace :		
Old address	:			
Postal code	:	Place/City :		
New address	:			
Place of emigration	:			
Country of emigration	:			
Date of emigration	:	Phone number :		
Email address	:			
The following family men This concern your spous Name		Date of birth	at	Sex M/F
How many people are er	nigration with you:			
Date:	Place:			
Signature:				

A copy of the ID of all persons must be enclosed. If both parents have joint custody of the child(ren) and 1 parent emigrates with the child(ren), the other parent or custodian must give written permission for this. You must do this by having the reverse side, (statement of consent from another parent or guardian) filled in by the other parent or guardian. For more information, please contact us by telephone on telephone number 0348- 476 400.

If not all persons currently registered at the old address emigrate simultaneously, all persons who emigrate must appear in person by appointment at the counter of the Client Contact Center of the municipality of Montfoort. These persons must make a personal declaration of emigration (Article 2.43 of the BRP).

Filling in this declaration form with incorrect information can be seen as a violation of the obligation to make a declaration as referred to in the Basic Registration of Persons Act and can then be fined with an **administrative fine** of a maximum of 325 euros (Article 4.17 of the Basic Registration of Persons Act).



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 fan	niliar with and agre	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 birt	h <u>:</u>	
Birthplace	:	Birthplace	<u>:</u>	
Last name child 3:		Last name child 4:		
Initials	:	Initials	<u>:</u>	
Date of birth	:	Date of birt	h <u>:</u>	
Birthplace	:	Birthplace	:	
Address				
Date	:			
Signature				

A copy of the ID of all persons must be enclosed