



Gemeente Montfoort

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 members are emigrating to this address:
This concern your spouse and children.

| Name | Initial(s) | Date of birth | at | Sex M/F |
|-------|------------|---------------|-------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

How many people are emigration 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).

Aangenomen door : _____ Datum : _____



Gemeente Montfoort

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 agree 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 : _____

Date : _____

Signature : _____

A copy of the ID of all persons must be enclosed