

# Declaration of Deregistration



## 1. Personal details & current address

Surname \_\_\_\_\_ Sex  M  F

First name(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Burger service-nummer (BSN) \_\_\_\_\_

Civil status  single  married  divorced  widowed  Civil partnership

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

### Current address:

Street \_\_\_\_\_ House number \_\_\_\_\_

Postcode \_\_\_\_\_ City/Town \_\_\_\_\_

## 2. New address

Date of leaving the Netherlands \_\_\_\_\_

New address:

Street \_\_\_\_\_ House number \_\_\_\_\_

Postcode \_\_\_\_\_ City/Town \_\_\_\_\_

Country \_\_\_\_\_

If the entire family is deregistering, please fill in their names below

## 3. Declaration also applies to

Please mention all family members that will leave the Netherlands with you. Please note: if family members are staying at the current address, deregistration of leaving family member(s) has to be done in person at one of the city district offices. This is according to WET BRP, article 2.43.

Surname	First name(s)	Date of birth	Place of birth	Burger service-nummer (BSN)	Sex	
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> spouse

**4. Additional information**

Please provide any relevant additional information

**5. Signature**

Please enclose a clear copy of each signee's ID or passport

Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Your signature

Signature(s) of adults moving to the new address with you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Return addresses**

**Amsterdam**  
Postbus 2214  
1000 CE Amsterdam

**Almere**  
Postbus 200  
1300 AE Almere

**Haarlemmermeer**  
Postbus 250  
2130 AG Hoofddorp

**Velsen**  
Postbus 465  
1970 AL IJmuiden

**Amstelveen**  
Postbus 4  
1180 BA Amstelveen

**Diemen**  
**Postbus 191**  
**1110 AD Diemen**

**Hilversum**  
Postbus 9900  
1201 GM Hilversum

**Haarlem**  
Postbus 511  
2003 PB Haarlem

**Other**  
Please send this form to the PO box of the respective municipality.