



CHANGE OF ADDRESS FORM

Family name	
First name:	
Cribnumber:	
ID-number:	
<u>Old address</u>	
Street name and number	
Area:	
<u>New address</u>	
Street name and number:	
Area:	

MARITAL STATUS:

Single/ Married/ Divorced
DD MM YYYY

Date of marriage: ___/___/___

DD MM YYYY

Date of divorce: ___/___/___

Name of spouse: _____ Spouse Crib: _____

DD MM YYYY
Date of birth of spouse: ___/___/___

Amount of children: _____

Phone number: _____

Email: _____

The undersigned: _____

Date: _____

Note: valid identification and proof of address change (gebe bill, updated census no older than 6 months) must be attached.