**Please complete the data sheet in capital letters.**

# DATA SHEET

for registration as a **Hungarian citizen living in Hungary**

pursuant to Section 4 (2c) and (2d) of Act LXVI of 1992 on the Personal and Residential Data of Citizens

**I.**

|  |
| --- |
| **Personal data** |
| Family name after marriage as used | Click here |
| Given name(s) | Click here |
| Family name at birth | Click here |
| Given name(s) | Click here |
| Place of birth(city/town/country) | Click here |
| Date of birth | Year Year Year Month Year Day |
| Sex |  Male Female |
| Mother's previous family name at birth | Click here |
| Given name(s) | Click here |
| Family status | Click here |
| Place of marriage/registered civil partnership (city/town, country) | Click here |
| Number of registration document | Click here |

**II.**

|  |
| --- |
| **Residential data** |

**Hungarian residential data**:

 Click here ZIP code Click here City/town Click here District

Click here (Type of public place) Name of public space Click here

Click here Number Click here Building Click here Staircase Click here Floor Click here Flat

**Name/capacity/residence/signature of accommodation provider (as required by law)**

Click here

**I/We acknowledge that in the absence of the accommodation provider's consent I/we will be registered as Hungarian citizen(s) living abroad.**

***Foreign residential data:***

Click here *residence*

Click here *city/town*

Click here *province*

Click here *country* Click here *ZIP code*

**III.**

I request the official card certifying residence and personal identification number (address card) to be served by postal mail to

 my residence in Hungary

 my registered agent

Registered agent's name: Click here

Residence: Click here

In case of my registration as a Hungarian citizen living abroad, I request the document to be served to the following foreign representation:

Click here

**IV.**

Identity document Click here, Document code (number): Click here, Date of expiry:Click here

Identity document Click here, Document code (number): Click here, Date of expiry:Click here

**Under penalty of perjury, I/we hereby declare and certify with my/our signature that the data provided in the data sheet are true and correct. The document certifying the right of representation has been presented.**

Dated in , on Year Month Day

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

 (client/legal representative) (client/legal representative)

**FOR OFFICIAL USE ONLY!**

Name of authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document(s) presented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have/have not made corrections on the data sheet. (The receiving clerk shall sign any corrected data.)

Dated in , on Year Month Day

 L. S.

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

 Clerk

**FOR OFFICIAL USE ONLY!**

|  |
| --- |
|  |
| I have made corrections on the data sheet (the clerk shall sign the corrected data sheet.) |  Corrections were made Corrections were not made |
| Budapest, 20……………………………………………. | ..........................................Signature/L. S. |