

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	_____
Given name(s)	_____
Family name at birth	_____
Given name(s)	_____
Place of birth (city/town/country)	_____
Date of birth	____ Year ____ Month ____ Day
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's previous family name at birth	_____
Given name(s)	_____
Family status	_____
Place of marriage/registered civil partnership (city/town, country)	_____
Number of registration document	_____

II.

Residential data

Hungarian residential data:

____ ZIP code ____ City/town ____ District

____ Name of public space ____ Type of public space

____ Number ____ Building ____ Staircase ____ Floor ____ Flat

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

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:

____ *residence*

____ *city/town*

____ *province*

____ *country* ____ *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: ____

Residence: ____

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

IV.

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

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

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)

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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

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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.