

Application for naturalisation according to Article 116 (2) Basic Law

(please fill in the form **completely**)

1. Information on the applicant

| | | | | | |
|---|--------------|---|--|--|--|
| Surname: | | Name at birth: (and/or other former names) | | | |
| First name/s: | | Gender: <input type="checkbox"/> m <input type="checkbox"/> f | | Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> | |
| Date of birth: | | Place of birth (city, country): | | | |
| Family status: <input type="checkbox"/> single 1. marriage date: 1. divorce date: 2. marriage date: 2. divorce date: widowed date: | | | | | |
| Exact address (street, house number, postcode, city, country): | | | | Telephone: private: mobile: E-mail: | |
| Places of residence outside of Israel since birth (only if more than 6 months) | | | | | |
| from | until | in (city, country) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Last residence in Germany: (exact address) | | | | I left Germany on (date): | |
| Citizenship/s (please indicate all your citizenships) | | | | | |
| <input type="checkbox"/> | acquired by: | <input type="checkbox"/> birth | <input type="checkbox"/> foundation of the state of Israel | <input type="checkbox"/> immigration; date: | |
| <input type="checkbox"/> | acquired by: | <input type="checkbox"/> birth | <input type="checkbox"/> naturalisation; date: | | |
| Have other relatives already acquired German citizenship? Name – authority – ref. no. – date of issue: | | | | | |

2. Information on my children under the age of 16 who also request naturalisation

(**both** parents have to sign under No. 6)

| Surname | First name/s | Date of birth | Place of birth | Gender |
|---------|--------------|---------------|----------------|---|
| | | | | <input type="checkbox"/> m <input type="checkbox"/> f |
| | | | | <input type="checkbox"/> m <input type="checkbox"/> f |
| | | | | <input type="checkbox"/> m <input type="checkbox"/> f |
| | | | | <input type="checkbox"/> m <input type="checkbox"/> f |
| | | | | <input type="checkbox"/> m <input type="checkbox"/> f |

3. Information on my parents

| | | | |
|---|--|---|--|
| Mother: | | Father: | |
| Surname: | | Surname: | |
| First name/s: | | First name/s: | |
| Name at birth: (and other former names) | | Former names: | |
| Date of birth: | | Date of birth: | |
| Place of birth: | | Place of birth: | |
| Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> | | Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> | |
| Date and place of marriage: | | | |
| Date and place of divorce: | | | |
| Citizenship/s current: <input type="checkbox"/> Israeli Date of acquisition: <input type="checkbox"/> German Date of acquisition: <input type="checkbox"/> other Date of acquisition: | | Citizenship/s current: <input type="checkbox"/> Israeli Date of acquisition: <input type="checkbox"/> German Date of acquisition: <input type="checkbox"/> other Date of acquisition: | |
| former: <input type="checkbox"/> German <input type="checkbox"/> | | former: <input type="checkbox"/> German <input type="checkbox"/> | |

please turn over

| | | | | | |
|--|-------|--------------------|--|-------|--------------------|
| (continuation mother) | | | (continuation father) | | |
| Places of residence since birth (only if more than 6 months) | | | Places of residence since birth (only if more than 6 months) | | |
| from | until | in (city, country) | from | until | in (city, country) |
| | | | | | |
| | | | | | |
| | | | | | |
| Last residence in Germany: | | | Last residence in Germany: | | |
| She left Germany on (date): | | | He left Germany on (date) : | | |

4. Information on my grandparents

(on the "German side". If both parents of the applicant were German on the father's side)

| | |
|---|---|
| Grandmother: | Grandfather: |
| Surname: | Surname: |
| First name/s: | First name/s: |
| Name at birth: (and other former names) | Former names: |
| Date of birth: | Date of birth: |
| Place of birth: | Place of birth: |
| Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> | Religion: <input type="checkbox"/> Jewish <input type="checkbox"/> |
| Date and place of marriage: | |
| Date and place of divorce: | |
| Citizenship/s | Citizenship/s |
| current: <input type="checkbox"/> Israeli Date of acquisition: | current: <input type="checkbox"/> Israeli Date of acquisition: |
| <input type="checkbox"/> German Date of acquisition: | <input type="checkbox"/> German Date of acquisition: |
| <input type="checkbox"/> other Date of acquisition: | <input type="checkbox"/> other Date of acquisition: |
| former: <input type="checkbox"/> German <input type="checkbox"/> | former: <input type="checkbox"/> German <input type="checkbox"/> |
| Places of residence since birth (only if more than 6 months) | Places of residence since birth (only if more than 6 months) |
| from until in (city, country) | from until in (city, country) |
| | |
| | |
| | |
| | |
| Last residence in Germany: | Last residence in Germany: |
| She left Germany on (date): | He left Germany on: |

5. Signature / declaration

| | |
|---|----------------|
| I hereby apply for naturalisation. I assure that all given information is to the best of my knowledge. I have been informed that incorrect or incomplete information might lead to the denial or revocation of the naturalisation. | |
| Declaration on the right of access of other records (please strike this passage if you do not agree) My application will be processed by the Bundesverwaltungsamt (Federal Office of Administration) in Cologne. I hereby agree to the access of other records if necessary. This may include, for instance, files on restitution or compensation which have been filed with other authorities. | |
| Place: | Date: X |
| Israeli ID No. or other ID No: Signature of the applicant | |

6. Signature / declaration for children under the age of 16 or for applicants without legal capacity

Both parents (or the legal guardian) have to sign

| | |
|---|-------------------------|
| I/we hereby apply for naturalisation for <input type="checkbox"/> my/our child/ren <input type="checkbox"/> for the applicant without legal capacity. | |
| I/we assure that all given information is to the best of my/our knowledge. I/we have been informed that incorrect or incomplete information might lead to the denial or revocation of naturalisation. | |
| Place: | Date: X X |
| Israeli ID No. or other ID No.: (Signature of the mother) (Signature of the father) | |