

# Application

for the naturalization of persons living abroad

– for children under 16 –



|   |  |   |  |  |
|---|--|---|--|--|
| <b>1 Child's personal details (applicant)</b><br>(Please give any additional information or explanations on a separate sheet of paper.) |  |   |  |  |
| 1.1   | Surname:   |   |  |  |
| 1.2   | Surname at birth:<br>- if different from surname above -                 |   |  |  |
| 1.3   | First name(s):<br>- Please give all first names -                        |   |  |  |
| 1.4   | Date of birth:   | Sex:  | <input type="checkbox"/> female          |  |
| 1.5   | Town / District of birth:  |   | <input type="checkbox"/> male            |  |
| 1.6   | Country of birth:  |   |  |  |
| 1.7   | Current citizenships:  | Citizenship   | Date of acquisition                      | Acquired by (e.g. descent, naturalization) |
|   |  | as evidenced by:<br>▶ Please enclose a certified copy.                              | e.g. valid identity card, valid passport |  |
|   |  | Citizenship   | Date of acquisition                      | Acquired by (e.g. descent, naturalization) |
|   |  | as evidenced by:<br>▶ Please enclose a certified copy.                              | e.g. valid identity card, valid passport |  |
| 1.8   | Current address:   |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
| 1.9   | Country of residence:  |   |  |  |
| <b>First person with parental responsibility</b><br>(e.g. mother)   |  | <b>Second person with parental responsibility</b><br>(e.g. father)                  |  |  |
| 1.10  | Surname:<br>- name at birth if applicable -                              |   |  |  |
| 1.11  | First name(s):<br>- Please give all first names -                        |   |  |  |
| 1.12  | Current address:<br>- if different from child's address -                |   |  |  |
| 1.13  | Telephone number:<br>- including international dialling code -           |   |  |  |
| 1.14  | Email address:   |   |  |  |
| 1.15  | Basis on which these persons have parental responsibility for the child: | e.g. shared responsibility by force of statute; on the basis of a court order, etc. |  |  |

|   |                                  |  |                     |               |
|---|----------------------------------|--|---------------------|---------------|
| <b>2</b>  | Parents' applications            | <input type="checkbox"/> not applicable, neither parent is applying for naturalization   |                     |               |
| The child's application should be considered in the course of the naturalization process of the |                                  |  |                     |               |
| 2.1   | <input type="checkbox"/> mother: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Surname, first name</td> <td style="width: 40%;">Date of birth</td> </tr> </table> | Surname, first name | Date of birth |
| Surname, first name   | Date of birth                    |  |                     |               |
| 2.2   | <input type="checkbox"/> father: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Surname, first name</td> <td style="width: 40%;">Date of birth</td> </tr> </table> | Surname, first name | Date of birth |
| Surname, first name   | Date of birth                    |  |                     |               |

|   |   |   |                          |   |               |  |               |  |
|---|---|---|--------------------------|---|---------------|--|---------------|--|
| <b>3</b>  | The child's application is based on the (previous) German citizenship of:<br>Please check <u>one box</u> only!  |   |                          |   |               |  |               |  |
| 3.1   | <input type="checkbox"/> not applicable because considered with mother's/father's application   |   |                          |   |               |  |               |  |
| 3.2   | <input type="checkbox"/> father or mother <span style="float: right;">▶ Please complete and attach <b>Appendix VA</b> giving the parents' details.</span>   |   |                          |   |               |  |               |  |
| 3.3   | <input type="checkbox"/> grandfather or grandmother <span style="float: right;">▶ Please complete and attach <b>Appendix VA</b> giving the parents' and grandparents' details.<br/>Only provide information about grandparents who were German themselves or descended from a German. If both parents were German, give the details of the paternal grandparents.</span>  |   |                          |   |               |  |               |  |
| 3.4   | <input type="checkbox"/> a previous generation (e.g. great-grandparents) <span style="float: right;">▶ Please complete and attach <b>Appendix VA</b> giving the details of the parents, the grandparents and each further generation, or ▼</span>   |   |                          |   |               |  |               |  |
| 3.5   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">The details of the child's ancestors have already been provided in the following application:</td> <td style="width: 40%;"> <input type="checkbox"/> </td> <td style="width: 20%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Surname</td> <td style="width: 50%;">First name</td> </tr> <tr> <td>Date of birth</td> <td>Reference number from the Federal Office of Administration on the application or certificate of naturalization</td> </tr> </table> </td> </tr> </table> | The details of the child's ancestors have already been provided in the following application:   | <input type="checkbox"/> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Surname</td> <td style="width: 50%;">First name</td> </tr> <tr> <td>Date of birth</td> <td>Reference number from the Federal Office of Administration on the application or certificate of naturalization</td> </tr> </table> | Surname       | First name   | Date of birth | Reference number from the Federal Office of Administration on the application or certificate of naturalization |
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| Surname   | First name  |   |                          |   |               |  |               |  |
| Date of birth   | Reference number from the Federal Office of Administration on the application or certificate of naturalization  |   |                          |   |               |  |               |  |

| <b>4</b> | Where the child has lived since birth – <u>do not include</u> any periods of residence of less than 6 months –<br>(Please give any additional information or explanations on a separate sheet of paper.)  |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------|---|-----------|---------|-----------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4.1      | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">from</th> <th style="width: 15%;">until</th> <th style="width: 50%;">town/city</th> <th style="width: 20%;">country</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | from      | until   | town/city | country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| from     | until   | town/city | country |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |           |         |           |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| <b>5</b> | School education<br>(Please give any additional information or explanations on a separate sheet of paper.)  | <input type="checkbox"/> not applicable                 |         |   |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------|---|---|---------|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|          |   |   |         |   |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |   |         |   |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          |   |   |         |   |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|          |   |   |         |   |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| <b>6 The child's German language skills</b>  |   | <input type="checkbox"/> not applicable, no German language skills |   |                   |                     |  |  |  |  |  |  |
|--|---|--|---|-------------------|---------------------|--|--|--|--|--|--|
| (Please give any additional information or explanations on a separate sheet of paper.) |   |  |   |                   |                     |  |  |  |  |  |  |
| 6.1  | The child has learned German<br><input type="checkbox"/> at home/from family <input type="checkbox"/> at school <input type="checkbox"/> language courses <input type="checkbox"/> school exchange<br><small>▶ Please enclose documentation.    ▶ Please enclose documentation.    ▶ Please enclose documentation.</small>  |  |   |                   |                     |  |  |  |  |  |  |
| 6.2  | Time spent in German-speaking countries:<br><small>▶ Please enclose documentation (e.g. copies of passport pages, visas, residence permits, registration certificates)</small> <div style="float: right; border: 1px solid black; padding: 2px;"><input type="checkbox"/> none</div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%; border: none;">town, country</th> <th style="width: 20%; border: none;">from</th> <th style="width: 20%; border: none;">until</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table> |  | town, country                           | from              | until               |  |  |  |  |  |  |
| town, country  | from  | until  |   |                   |                     |  |  |  |  |  |  |
|  |   |  |   |                   |                     |  |  |  |  |  |  |
|  |   |  |   |                   |                     |  |  |  |  |  |  |
| 6.3  | German language courses<br><small>▶ Please enclose relevant documentation (e.g. language certificates obtained).</small> <div style="float: right; border: 1px solid black; padding: 2px;"><input type="checkbox"/> none</div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%; border: none;">name and address of the language school</th> <th style="width: 20%; border: none;">certificate dated</th> <th style="width: 20%; border: none;">level (e.g. B1, C1)</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>  |  | name and address of the language school | certificate dated | level (e.g. B1, C1) |  |  |  |  |  |  |
| name and address of the language school  | certificate dated   | level (e.g. B1, C1)  |   |                   |                     |  |  |  |  |  |  |
|  |   |  |   |                   |                     |  |  |  |  |  |  |
| 6.4  | Other:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   |  |   |                   |                     |  |  |  |  |  |  |

|  |   |
|--|---|
| <b>7 The child's local German mission abroad</b> |   |
| 7.1  | Name and location of mission:   |
| 7.2  | Mission's reference number for this application:<br><small>- if known -</small> |

|  |  |                                   |              |             |   |              |             |                                |                  |             |
|--|--|-----------------------------------|--------------|-------------|---|--------------|-------------|--------------------------------|------------------|-------------|
| <b>8 Child's identification document (if available)</b>                                    |  |                                   |              |             |   |              |             |                                |                  |             |
| The child currently uses the following official document (with photograph) as proof of ID: |  |                                   |              |             |   |              |             |                                |                  |             |
| 8.1  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Passport</td> <td style="width: 40%; padding: 5px;">passport no.</td> <td style="width: 35%; padding: 5px;">date issued</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Identity papers/card</td> <td style="padding: 5px;">document no.</td> <td style="padding: 5px;">date issued</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other</td> <td style="padding: 5px;">type of document</td> <td style="padding: 5px;">date issued</td> </tr> </table> <div style="text-align: right; padding: 5px; font-size: small;">▶ Please enclose a certified copy of the relevant document!</div> | <input type="checkbox"/> Passport | passport no. | date issued | <input type="checkbox"/> Identity papers/card | document no. | date issued | <input type="checkbox"/> Other | type of document | date issued |
| <input type="checkbox"/> Passport  | passport no.   | date issued                       |              |             |   |              |             |                                |                  |             |
| <input type="checkbox"/> Identity papers/card  | document no.   | date issued                       |              |             |   |              |             |                                |                  |             |
| <input type="checkbox"/> Other   | type of document   | date issued                       |              |             |   |              |             |                                |                  |             |

|  |   |   |           |  |  |
|--|---|---|-----------|--|--|
| <b>9 Power of attorney</b>   |   |   |           |  |  |
| 9.1  | <input type="checkbox"/> A third party has been granted a power of attorney. All correspondence is to be conducted via this person.<br>▶ <b>Please complete APPENDIX VOLLMACHT.</b>   |   |           |  |  |
| 9.2  | <input type="checkbox"/> No power of attorney has been granted. All correspondence is to be conducted via <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> the first person with parental responsibility (see p.1 of the application)</td> <td style="width: 50%; padding: 5px;"><b>or</b></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> the second person with parental responsibility (see p.1 of the application)</td> <td style="padding: 5px;"></td> </tr> </table> | <input type="checkbox"/> the first person with parental responsibility (see p.1 of the application) | <b>or</b> | <input type="checkbox"/> the second person with parental responsibility (see p.1 of the application) |  |
| <input type="checkbox"/> the first person with parental responsibility (see p.1 of the application)  | <b>or</b>   |   |           |  |  |
| <input type="checkbox"/> the second person with parental responsibility (see p.1 of the application) |   |   |           |  |  |



**Mission's notes**

To be completed by the German mission!

Alle in Kopie beigefügten Unterlagen haben der Auslandsvertretung vorgelegen

im Original

im Original

im Original

The authenticity of the documents concerning civil status is proved / confirmed

durch Haager Apostille.

by legalization certificate

entfällt, da von Echtheitsbestätigung befreit (CIEC-Abkommen Nr. 16 v. 08.09.1976 oder bilaterale Abkommen).

\_\_\_\_\_

The authenticity of the documents concerning civil status cannot be proved / confirmed, because

die Haager Apostille fehlt.

die Legalisationsvoraussetzungen im Land grundsätzlich nicht vorliegen.

Zweifel an der Echtheit/ inhaltlichen Richtigkeit bestehen (ggf. ergänzen).

Anmerkungen:

Ort, Datum, Unterschrift und Stempel