DATA SHEET
for marriage registration in Hungary

I. Application
The undersigned

☐ husband
☐ wife

____________________________________ (name), as a duly authorized person hereby request(s) the registration of the marriage below.

II. Data of the marriage
Place of the marriage:
Hungarian name of city or town: ______________________
Foreign name of the city or town: ______________________
Province: ______________________
Country: ______________________

Date of marriage: ______________________ year _______ month ___ day

<table>
<thead>
<tr>
<th>Personal data:</th>
<th>the husband</th>
<th>the wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>family name at birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>given name(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>previous married name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>married name after the marriage:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place of birth
Hungarian name of city/town
foreign name of city/town:
county ,state, province:
country:

Hungarian personal number or date of birth if none:

<table>
<thead>
<tr>
<th>marital status before the marriage:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ bachelor ☐ divorced ☐ widow</td>
<td>☐ spinster ☐ divorced ☐ widow</td>
<td></td>
</tr>
<tr>
<td>☐ registered partnership (RP) ☐ divorced RP ☐ widow RP</td>
<td>☐ registered partnership (RP) ☐ divorced RP ☐ widow RP</td>
<td></td>
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<td></td>
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</tbody>
</table>

residence at the time of the marriage (city and country):

father’s family and given name(s) at birth:

mother’s family and given name(s) at birth:

1 Please print or use block capitals
III. Declarations

1. In case the parties have different married family names, they hereby agree that the family name of children born from the marriage will be:

________________________________________________________________________

________________________________________________________________________

husband (signature)  wife (signature)

2. The certificate should be sent through
   a.  □ _____________________________ name of the diplomatic/consular mission.
   b.  □ _____________________________
       _____________________________ (name and address)

3. Declaration of the applicant: I understand and speak Hungarian: □ yes  □ no
   language of the interpretation: _____________________________
   name of the interpreter: _____________________________
   ID document of the interpreter: _____________________________

   _____________________________
   signature of the applicant/interpreter

The application has submitted by
   □ myself
   □ a parent/guardian for a minor
   □ an authorized representative, I have enclosed the original authorization letter.

Type, number and expiration date of ID document of the authorized representative:

________________________________________________________________________

4. Notice

The provided original marriage certificate or its authentic copy will be stored in the Hungarian vital statistics archives, thus cannot be returned to the applicant.

2 except if the interpreter is an officer of the Embassy
I take note of the above.

_____________________________________________________
applicant

_____________________________________________________
applicant

5. Address data necessary for registering the person(s) concerned in the registry of personal data and addresses as a Hungarian citizen living abroad.

husband:

_____________________________________________________
street address

_____________________________________________________
city

_____________________________________________________
province

_____________________________________________________
country

_____________________________________________________
postal code

marital status at the time of the application:

wife:

_____________________________________________________
street address

_____________________________________________________
city

_____________________________________________________
province

_____________________________________________________
country

_____________________________________________________
postal code

marital status at the time of the application:

6. I hereby declare that the information given above is true.

Contact details: ________________________________________@_________________________________________(e-mail)
or _______________________________________(phone number)

Proof of identity: □ ID card □ passport, □ other document _____________
number: ____________________________ date of expiration: ____________________________

Done at ______________________ (city), _______year _________ month ______ day

_____________________________________________________
applicant

_____________________________________________________
applicant

(The rest of the form is to be left blank for the consul to fill out.)