



Standesamt

Marktplatz 8
64283 Darmstadt

Der Magistrat

Dear Madam or Sir,

we require the following data to inform you about the necessary documents you will have to present to us for the application for marriage or the application for a certificate of capacity to marry abroad.

Therefore we kindly ask you to complete the questionnaire and to return it to us. You may also return the form via e-mail (standesamt@darmstadt.de) or by fax (06151 13-472765).

After receiving the completed form we will contact you to inform you about the necessary documents. Please note that we will contact you in form of a letter if one of you has a foreign nationality. Usually we need approximately 2-3 weeks to complete your letter.

(Information: The data of the foreign fiancé is also required when applying for a certificate of capacity to marry abroad.)

Online wedding calendar: Please note that the wedding dates can be reserved online via www.standesamt.darmstadt.de ("Traukalender") up to 12 months in advance (to the day).

Regards, your „Standesamt-Darmstadt“

E-Mail: datenschutz@darmstadt.de

Deletion period of personal data: One year after receipt

There is always the right to information, correction, deletion, objection, restriction of processing, data portability and complaint to the supervisory authority (HDSB).

Office of the Data Protection of the "Wissenschaftsstadt Darmstadt"

<input type="checkbox"/> Marriage <input type="checkbox"/> Certificate of capacity to marry (only for german citizens)	1st „spouse“	2nd „spouse“
Surname		
Birthname (if applicable)		
First Name/Middle Name(s)		
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth		
Place (and country) of birth		
Nationality		
Recognized refugee or entitled to be granted asylum?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Identity card document	<input type="checkbox"/> identity card <input type="checkbox"/> passport <input type="checkbox"/> "Reiseausweis für Ausländer" (<input type="checkbox"/> blue <input type="checkbox"/> grey)	<input type="checkbox"/> identity card <input type="checkbox"/> passport <input type="checkbox"/> "Reiseausweis für Ausländer" (<input type="checkbox"/> blue <input type="checkbox"/> grey)
Marital status	<input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced	<input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Profession/Occupation		
Are you adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you speak and understand german?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
1st domicile (address)		
2nd domicile (address, if applicable)		
Phonenumber/s	Private: <input type="text"/>	Private: <input type="text"/>
	Mobile: <input type="text"/>	Mobile: <input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>

How often have you been married?	Amount of previous marriages:	Amount of previous marriages:
<p>previous marriages:</p> <p>Please note that all previous marriages have to be stated regardless of where the marriage took place!</p> <p>Please use an additional blank sheet of paper for previous marriages if you were previously married more than twice.</p>	1st marriage took place on (date):	1st marriage took place on (date):
	place of first marriage:	place of first marriage:
	dissolution (date):	dissolution (date):
	dissolved by <input type="checkbox"/> divorce <input type="checkbox"/> death	dissolved by <input type="checkbox"/> divorce <input type="checkbox"/> death
	place of dissolution:	place of dissolution:
	Name of Ex-spouse	Name of Ex-spouse
	Nationality of Ex-spouse	Nationality of Ex-spouse
	2nd marriage took place on (date):	2nd marriage took place on (date):
	place of first marriage:	place of first marriage:
	dissolution (date):	dissolution (date):
	dissolved by <input type="checkbox"/> divorce <input type="checkbox"/> death	dissolved by <input type="checkbox"/> divorce <input type="checkbox"/> death
	place of dissolution:	place of dissolution:
	Name of Ex-spouse	Name of Ex-spouse
	Nationality of Ex-spouse	Nationality of Ex-spouse
Homestate in the USA (only for american citizens)		
Hometown/Place of residence in Switzerland (only for swiss citizens; if applicable state the last residence)		
Do you have any common children? (If you do, please state the name, date and place of birth of all children) Who has child-custody? <i>Please do not state any children from previous marriages or children from a third person).</i>		
Use of (common) surname(s) in marriage? <i>We will inform you about the possibilities of choosing a name at your application appointment.</i>		
When/where do you want the marriage to take place? (When applying for a certificate of capacity to marry please also state the country where the marriage is going to take place!)		
To be completed by the registrar only:		
Erforderliche Unterlagen:		
Telefonisch beraten		
Datum, Handzeichen		