|  |  |  |
| --- | --- | --- |
| logo_verw_sw |  | SicherheitsdirektionAmt für Migration |
| **Deregistration / moving abroadApplies to persons with protection status S** | **WS** |
| **A separate deregistration form must be completed for each person over the age of 18 and submitted to the residents’ registration office of the municipality of residence.** |
|  |
|  | Cant. Ref. Nr. | **ZG**       |
|  |

**Personal details of foreign person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Surname |  |  | Date of birth |  |
|  |
|  First name |  |  | Marital status |  |
|  |
|  Nationality |  |  |  |  |

**Previous address in the canton of Zug**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  |  | Phone number |  |
|  |
| Postal code / Place |  |  | E-Mail |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of departure** |       |  | **The effective departure date must be entered!** |  |
|  |
|  |

 **Residence address abroad**

|  |  |  |
| --- | --- | --- |
| Address |       |  |
|  |
| Postal code / Place |       |  |
|  |
| Country / Province |       |
|  |  |

**Procedure for children under 18**

Children must be listed individually on the deregistration form of the father or mother. This deregistration form must then be signed by both parents.

|  |  |
| --- | --- |
| Surname |  |
|  |
| First name |       |  | Date of birth |       |
|  |
| Surname |       |
|  |
| First name |       |  | Date of birth |       |
|  |
| Surname |       |
|  |
| First name |       |  | Date of birth |       |
|  |
| Surname |       |
|  |
| First name |       |  | Date of birth |       |
|  |

|  |  |
| --- | --- |
| Surname |       |
|  |
| First name |       |  | Date of birth |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Does part of the family stay in Switzerland? | [ ]  No | [ ]  Yes |  |

**If yes**

|  |  |
| --- | --- |
| Surname |       |
|  |
| First name |       |  | Date of birth |       |
|  |
| Address |       |  | Phone number |       |
|  |
| Postal code / Place |       |  |

 If represented by a third party, enclose power of attorney

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and Date |       |  | **Signature** |  |

**The applicant confirms with his/her signature that he/she waives the protection status S.**

 If represented by a third party, enclose power of attorney

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and Date |       |  | **Signature** |  |

 If represented by a third party, enclose power of attorney

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and Date |       |  | Signature of spouse (when common children) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and Date |  |  | Stamp and signature of municipal authority |  |

|  |
| --- |
| This form must be submitted together with the permit to:**Residents’ registration office of the municipality of residence****Permit received:** [ ]  No [ ]  YesIf the permit card has been lost, a report of loss from the police is required. |

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