# This is a translation aid for non-Hungarian speakers. Not for submission. Please fill in the official Hungarian application form.

# APPLICATION FORM

to obtain birth, marriage or death certificate

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| --- |
| **Data of applicant** |
| Family name: |  |
| Given name(s): |  |
| Place of birth: |  |
| Date of birth: |  |
| Mother’s maiden surname: |  |
| Mother’s given name(s): |  |
| Gender: |  |
| **Type of applicant** |
| * their own application
 |  |
| * family member[[1]](#footnote-1)

specify: |  |
| * proxy
 |  |
| * legal guardian
 |  |
| * other
 |  |
| Address:  |  |
| Place of residence: |  |
| *Identification document:* |
| type: |  |
| serial number: |  |
| issuing authority: |  |
| date of expiry: |  |
| Contact details: | e-mail address:phone number: |

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| **Legal guardian[[2]](#footnote-2)****mother/ father / guardian / caretaker** |
| Family name: |  |
| Given name(s):  |  |
| Birth place: |  |
| Birth date: |  |
| Mother’s maiden surname: |  |
| Mother’s given name(s): |  |
| Address: |  |
| Place of residence: |  |
| *Identification document:* |
| type: |  |
| serial number: |  |
| date of expiry: |  |
| issuing authority: |  |
| *Data on the decision appointing the legal guardian/ caretaker[[3]](#footnote-3)* |
| issuing authority: |  |
| case number of the decision: |  |
| date of finalization: |  |
| Contact details: | e-mail address:phone number: |

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| **Data of proxy[[4]](#footnote-4)** |
| Family name: |  |
| Given name(s): |  |
| Birth place: |  |
| Birth date: |  |
| Mother’s maiden surname: |  |
| Mother’s given name(s): |  |
| Address: |  |
| Place of residence: |  |
| *Identification document:* |
| type: |  |
| serial number: |  |
| expiry date: |  |
| issuing authority: |  |
| Contact details: | e-mail address:phone number: |
| **Details of authorization** |
| Form of authorization:[[5]](#footnote-5) | paper format |  |
| electronic, via Client Settings Register |  |
| Identification number of electronic (via Client Settings Register) authorization: |  |

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| **Data of registry event** |
| *Type of registry event* |
| Birth |  |
| Marriage |  |
| Registered civil partnership |  |
| Death |  |
| The deceased was declared dead |  |
| Place of event:  |  |
| Date of event: |  |
| Sequence number of the registry event: |  |
| Identification number of the event: |  |

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| **Data of registered person** |
| Family name at birth: |  |
| Given name(s) at birth |  |
| *If available* |
| Previous family name: |  |
| Previous given name(s): |  |
| Family name after marriage: |  |
| Given name(s) after marriage: |  |
| Place of birth: |  |
| Date of birth: |  |
| Mother’s maiden surname:  |  |
| Mother’s given name(s)  |  |
| Father’s surname at birth: |  |
| Father’s given name(s):  |  |
| *If available* |
| Mother’s previous surname: |  |
| Mother’s previous given name(s): |  |

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| **Data of wife/ the other registered party/ deceased[[6]](#footnote-6)** |
| Family name at birth: |  |
| Given name(s) at birth: |  |
| *If available* |
| Previous family name:  |  |
| Previous given name(s): |  |
| Family name after marriage: |  |
| Given name(s) after marriage: |  |
| Place of birth: |  |
| Date of birth: |  |
| Age at the time of the event: |  |
| Mother’s maiden surname: |  |
| Mother’s given name(s): |  |
| Father’s surname at birth:  |  |
| Father’s given name(s) at birth:  |  |

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| **Data of husband/the other registered party/ surviving spouse[[7]](#footnote-7)** |
| Family name at birth: |  |
| Given name(s) at birth: |  |
| *If available* |
| Previous family name |  |
| Previous given name(s): |  |
| Family name after marraige: |  |
| Given name(s) after marriage: |  |
| Place of birth: |  |
| Date of birth:  |  |
| Age at the time of the event: |  |
| Mother’ maiden surname: |  |
| Mother’s given name(s):  |  |
| Father’s surname at birth:  |  |
| Father’s given name(s) at birth:  |  |
| *If available* |
| Mother’s previous surname: |  |
| Mother’s previous given name(s):  |  |

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| **Data on ethnic language[[8]](#footnote-8)** |
| I want / I do not want the certificate to be issued in ethnic language.  |
| I do/ do not request the display of ethnic names on the certificate.  |

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| **Multilingual Translation Aid** |
| I apply/ do not apply for multilingual translation aid (MTA) enclosed to the birth certificate. (Relevant option to be underlined.)[[9]](#footnote-9) |
| **Number of MTA:** |  |
| **Language of MTA: [[10]](#footnote-10)** |
| English |
| Bulgarian |
| Czech |
| Danish |
| Estonian |
| Finnish |
| French |
| Greek |
| Dutch |
| Croatian |
| Irish |
| Polish |
| Latvian |
| Lithuanian |
| Maltese |
| German |
| Italian |
| Portugese |
| Romanian |
| Spanish |
| Swedish |
| Slovakian |
| Slovenian |

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| **Purpose of obtaining the certificate[[11]](#footnote-11)** |
| * change of personal data
 |  |
| * replacing old/stolen certificate
 |  |
| * other personal reason
 |  |
| * using it at other foreign authorities
 |  |
| * other official reasons
 |  |

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| **Delivery of certificate[[12]](#footnote-12)** |
| * personal collection
 |  |
| * postal delivery to address
 |  |
| * postal delivery to place of residence
 |  |
| * postal delivery to the address of applicant’s legal guardien
 |  |
| * postal delivery to the place of residence of applicant’s legal guardien
 |  |
| * postal delivery to the proxy’s address
 |  |
| * postal delivery to the proxy’s place of residence
 |  |
| * deliver to consulate

name of the consulate:  |  |
| * Collection by proxy:

Name of proxy:Address of proxy: |  |
| * Other[[13]](#footnote-13)
 |  |

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| **Other declarations** |
| I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I speak and understand Hungarian / do not speak or understand Hungarian.[[14]](#footnote-14)I, the undersigned hereby declare that I am/ I am not restricted in the conduct of administrative official affairs. |
|  |  |
|  | *signature of applicant* |
| language: |  |
| name of interpreter: |  |
| address of interpreter: |  |
| place of residence of interpreter:  |  |
| *ID document of interpreter* |
| type: |  |
| serial number: |  |
| issuing authority: |  |
| date of expiry: |  |
|  |  |
|  |  |
| I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herebey declare that I speak and understand Hungarian / do not speak or understand Hungarian.[[15]](#footnote-15)I, the undersigned hereby declare that I am/ I am not restricted in the conduct of my administrative official affairs. |
|  |  |
|  | *signature of legal guardian* |
| language: |  |
| name of interpreter: |  |
| address of interpreter: |  |
| place of residence of interpreter: |  |
| *ID document of interpreter* |
| type: |  |
| serial number: |  |
| issuing authority: |  |
| date of expiry: |  |
|  |  |
| I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I speak and understand Hungarian / do not speak or understand Hungarian.[[16]](#footnote-16)I, the undersigned hereby declare that I am/ I am not restricted in the conduct of my administrative official affairs.  |
|  |  |
|  | *signature of proxy* |
| langauge: |  |
| name of interpreter: |  |
| address of interpreter: |  |
| place of residence of interpreter: |  |
| *ID document of interpreter* |
| type: |  |
| serial number: |  |
| issuing authority: |  |
| date of expiry: |  |
|  |  |

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| --- |
| Date:  |
|  |  |
|  | *signature of applicant / legal guardian / proxy* |

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| **Notes of registrar/ administrator of government office:**  |
| I received the application with attachment(s). |
| **Appendices:**  | Authorization |  |
| Decision appointing legal guardian/ caretaker |  |
| Guardianship authority decision certifying the family relationship |  |
| Court decision certifying the status of next of kin |  |
| Certificate |  |
| Certificate proving civil partnership |  |
| Notary document proving the family relationship |  |
| Other public document/ authentic instrument certifying the family relationship |  |
| Other private document with full probative force proving the family relationship |  |
| Other documents: |  |
| I checked the data in the application with the attached and presented documents. |
| (place of stamp) |
|  |
| *signature of registrar/ administrator of government office* |

1. Relative: spouse, direct relative, adopted child, stepchild, foster child, adoptive parent, stepparent, foster parent, sibling, civil partner, spouse of direct relative, direct relative of spouse, sibling of spouse, spouse of sibling. [↑](#footnote-ref-1)
2. To be completed if the applicant acts through a legal representative [↑](#footnote-ref-2)
3. To be completed in the case of guardian/ caretaker [↑](#footnote-ref-3)
4. To be completed if the applicant acts by proxy [↑](#footnote-ref-4)
5. The relevant field to be marked! [↑](#footnote-ref-5)
6. To be filled out when the issuance of a marriage, registered partnership, or death certificate is requested. [↑](#footnote-ref-6)
7. To be filled out when the issuance of a marriage, registered partnership, or death certificate is requested. [↑](#footnote-ref-7)
8. It can be applied for if the ethnic name was previously entered in the registry. The relevant field(s) must be marked. [↑](#footnote-ref-8)
9. The multilingual form can be used within the member states of the EU and is a translation aid for a certificate, the issuance of which is free of charge. The relevant part must be underlined. [↑](#footnote-ref-9)
10. The multilingual translation aid is bilingual. In addition to Hungarian, you can choose the official language of as many member states as the number of copies requested. The multilingual translation aid includes a glossary which contains the headings of the form in the languages of all member states. [↑](#footnote-ref-10)
11. The relevant field(s) to be marked! [↑](#footnote-ref-11)
12. The relevant field to be marked!

If choosing „*Deliver to Consulate*” the address of the consulate; if choosing „*Collection by proxy*” you must provide the name and address of the proxy. [↑](#footnote-ref-12)
13. In the case of delivery to an address other than the residential address, a Hungarian address must be entered into the „other” address field [↑](#footnote-ref-13)
14. The relevant part to be underlined! [↑](#footnote-ref-14)
15. The relevant part to be underlined! [↑](#footnote-ref-15)
16. The relevant field to be marked! [↑](#footnote-ref-16)