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| **Aufnahme/Wiederaufnahme**  Anmeldung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name \*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vornamen \*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anschrift \***  (Straße, Hausnr.) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anschrift \***  (PLZ, Ort) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Geburtsname** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Geburtsdatum \*** | | | | | | | |  | | | | | | **Familienstand** | | | | | |  | | | | | | | | | **Geschlecht \*** | | | | |
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| **Taufdatum** | | | | | | | |  | | | | | | **Taufort** | | | | | |  | | | | | | | | | | | | | |
| **Taufstätte** | | | | | | | |  | | | | | | | | | | | | | | | **Taufkonfession** | | | | | |  | | | | |
| **Konfirmationsdatum** | | | | | | | |  | | | | | | **Konfirmationsort** | | | | | |  | | | | | | | | | | | | | |
| **Konfirmationsstätte** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aufnahmedatum \*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aufnahmeort \*** | | | | | | | |  | | | | | | | | | **Aufnahmestätte \*** | | | | | |  | | | | | | | | | | |
| **Pastorin/Pastor \***  (Vorname, Name) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aufnahmeart \*** | | | | | | | |  | | | | | | | | | **Konfession**  **vor Austritt** | | | | | |  | | | | | | | | | | |
| **Austrittsdatum** | | | | | | | |  | | | | | | | | | **Austrittsort**  (Standesamt/Amtsgericht) | | | | | |  | | | | | | | | | | |
| **Bemerkungen** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  |  | Ich beantrage die Aufnahme/Wiederaufnahme | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  | **Die Änderung meiner steuerlichen Merkmale werde ich veranlassen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | (Ort, Datum) | | | | | | | | | | | | |  |  | (Unterschrift Antragstellerin/Antragsteller bzw. Eltern/ges. Vertreter) | | | | | | | | | | | | | | | | |  |
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| **Entscheidung über die (Wieder-)Aufnahme** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Anrede | | AkadGrad Vornamen Familienname | | | | | | | | | | | | | ist am | | Wert | | | | mit Wirkung für die Wohnsitzkirchen- | | | | | | | | | | |  |
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| mit \* markierte Felder sind Pflichtfelder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |