

https://www.germany-service.com	
Information on the person from whom the German ancestry is derived. Please enter all available information.	
Surname:	<input type="text"/>
Surname at birth: <small>(if different from surname above)</small>	<input type="text"/>
First name(s): <small>(Please give all your first names)</small>	<input type="text"/>
Date of birth:	<input type="text"/> Sex: <input type="checkbox"/> female <input type="checkbox"/> male
Town / District / Area of birth:	<input type="text"/>
Country of birth:	<input type="text"/>
Religious confession:	<input type="text"/>
Military service:	<input type="text"/> <input type="text"/>
School attendance/University/professions:	<input type="text"/> <input type="text"/> <input type="text"/>
Father's name:	<input type="text"/>
Mother's name:	<input type="text"/>
Marriage date of parents:	<input type="text"/>
When did the person emigrate:	<input type="text"/>
What was the name of the emigration port:	<input type="text"/> Date: <input type="text"/>
What was the name of the immigration port:	<input type="text"/>
Name of the ship:	<input type="text"/>
Document for the person exists:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More information about the person:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Send this form by e-Mail to citizenship@germany-service.com