CITY OF COPENHAGEN
CPR REGISTRATION

Housing confirmation

To be completed and signed by the hotel:

Hotel's full name: _____

I hereby confirm that the following people live(s) or will be living at the hotel:

Full name: _____

Full name: _____

Full name: _____

Full name: _____

Full name: _____

Address:

Street_____ No.__ Floor___ Door___ Zip Code_____
City_____ Municipality_____

Stay duration:

Check-in date (dd/mm/yyyy) _____

Check-out date (dd/mm/yyyy) _____

Room details:

☐ Room number _____

Payment details:

The monthly rent amount is _____ DKK

Date and signature _____ Phone number _____

Hotel's stamp _____

According to CPR-Law §57, section 1, subsection 5, you are legally required to provide accurate information about the residents at your address. Submitting false or incorrect information to the municipality may result in a fine.