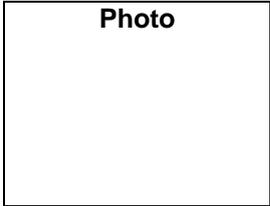




# Application for Schengen Visa

This application form is free



|   |  |  |                                 |  |  |   |  |
|---|--|--|---------------------------------|--|--|---|--|
| 1. Surname (Family name) (x)  |  |  |                                 | For official use only<br>Date of application:<br>Visa application number:<br>Application lodged at<br><input type="checkbox"/> Embassy/consulate<br><input type="checkbox"/> CAC<br><input type="checkbox"/> Service provider<br><input type="checkbox"/> Commercial intermediary<br><input type="checkbox"/> Border |  |   |  |
| 2. Surname at birth (Former family name(s)) (x)   |  |  |                                 |  |  |   |  |
| 3. First name(s) (Given name(s)) (x)  |  |  |                                 |  |  |   |  |
| 4. Date of birth (day-month-year)   |  | 5. Place of birth  |                                 | 7. Current nationality   |  | Name:<br><br><input type="checkbox"/> Other:  |  |
|   |  | 6. Country of birth  |                                 | Nationality at birth, if different   |  |   |  |
| 8. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  | 9. Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)<br><input type="checkbox"/> Other (please specify) |                                 |  |  | File handled by:<br><br>Supporting documents:<br><input type="checkbox"/> Travel document<br><input type="checkbox"/> Means of subsistence<br><input type="checkbox"/> Invitation<br><input type="checkbox"/> Means of transport<br><input type="checkbox"/> TMI<br><input type="checkbox"/> Other: |  |
| 10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian  |  |  |                                 |  |  |   |  |
| 11. National identity number, where applicable  |  |  |                                 |  |  |   |  |
| 12. Type of travel document<br><input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/><br><input type="checkbox"/> Other (please specify)   |  |  |                                 |  |  | Visa decision<br><input type="checkbox"/> Refused<br><input type="checkbox"/> Issued:<br><input type="checkbox"/> A<br><input type="checkbox"/> C<br><input type="checkbox"/> LTV<br><br><input type="checkbox"/> Valid<br>From.....<br>Until .....   |  |
| 13. Number of travel document   |  | 14. Date of issue  |                                 | 15. Valid until  |  |   |  |
| 17. Applicant's home address and e-mail address   |  |  |                                 | Telephone number(s)  |  |   |  |
| 18. Residence in a country other than that country of current nationality<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Resident permit or equivalent ..... No ..... Valid until  |  |  |                                 |  |  | Number of entries<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple<br><br>Number of days:   |  |
| * 19. Current occupation  |  |  |                                 |  |  |   |  |
| * 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.  |  |  |                                 |  |  |   |  |
| 21. Main purpose(s) of the journey<br><input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports<br><input type="checkbox"/> Official visit<br><input type="checkbox"/> Medical reasons<br><br><input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) |  |  |                                 |  |  | 24. Number of entries requested<br><input type="checkbox"/> Single entry <input type="checkbox"/> Two entries<br><input type="checkbox"/> Multiple entries  |  |
| 22. Member State(s) of destination  |  |  | 23. Member state of first entry |  |  |   |  |
| 25. Duration of the intended stay or transit<br>Indicate number of days   |  |  |                                 |  |  |   |  |
| 26. Schengen visas issued during the past three years<br><input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to.....   |  |  |                                 |  |  | 27. Fingerprints collected previously for the purpose of applying for a Schengen Visa<br><input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....   |  |
| 27. Fingerprints collected previously for the purpose of applying for a Schengen Visa<br><input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....   |  |  |                                 |  |  |   |  |

The field marked with \* shall not be filled in by family members of EU,EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU,EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in accordance with the data in travel document.



## Questionnaire for visa applicants – Appendix A

- Business  
 Conference visit

### 1 Personal particulars

|                       |                              |
|-----------------------|------------------------------|
| Surname               | Date of birth (yr, mth, day) |
| Given names (in full) |                              |

### 2 Your stay in Sweden

A. Who took the initiative for your visit to Sweden?

|  |
|--|
|  |
|  |

B. Where do you plan to live during your stay in Sweden?

|  |
|--|
|  |
|  |

C. Who is paying for your travel to Sweden and for your upkeep during your stay here?

|  |
|--|
|  |
|--|

### 3 If the application is for a business trip

A. Which company/organization do you represent?

|  |
|--|
|  |
|--|

B. What position do you hold in the company/organization?

|  |
|--|
|  |
|--|

C. What is the company's principal field of activity?

|  |
|--|
|  |
|--|



2 1 0 0 2 2

D. How big is the company? (Turnover, annual profit, number of employees, etc)

|  |
|--|
|  |
|  |

E. Is the company part of an international group?

|                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes. If yes, state the name of the group: |
|-----------------------------|--|

F. Has your company previously had any contact with the Swedish company you plan to visit?

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes. If yes, state when: |
|-----------------------------|---|

G. Has a representative of your company visited Sweden previously?

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes. If yes, state who and when: |
|-----------------------------|---|

H. How important is your visit and what do you expect to get out of it?

|  |
|--|
|  |
|  |

 **4 If the visit is to attend a conference**

A. State which conference or other event you intend to take part in

|  |
|--|
|  |
|  |

B. In what capacity are you taking part in the conference/event?

|  |
|--|
|  |
|--|

 **5 Signature**

I swear that the information I have given is correct and complete.

|                |   |
|----------------|---|
|                |   |
| Place and date | Signature (for minors etc, signature of custodian/guardian) |

 **Regarding documents to be enclosed with the visa application, please consult the information brochure 'Applying for a Swedish Entry Visa'**



## Questionnaire for visa applicants – Appendix A

Business  
 Conference visit

### 1 Personal particulars

|                       |                              |
|-----------------------|------------------------------|
| Surname               | Date of birth (yr, mth, day) |
| Given names (in full) |                              |

### 2 Your stay in Sweden

A. Who took the initiative for your visit to Sweden?

B. Where do you plan to live during your stay in Sweden?

C. Who is paying for your travel to Sweden and for your upkeep during your stay here?

### 3 If the application is for a business trip

A. Which company/organization do you represent?

B. What position do you hold in the company/organization?

C. What is the company's principal field of activity?

# Instructions on how to fill in this form

## Så fyller du i den här blanketten

Put a cross in the box if you plan to travel to Sweden on business or for a conference.  
*Kryssa i om du ska resa till Sverige för ett affärs/företagsbesök eller en konferens.*

Enter your full name and date of birth. They must correspond with the particulars in your passport.  
*Fyll i ditt fullständiga namn och din födelsedag. Uppgifterna ska stämma överens med ditt pass.*

State whether you yourself have taken the initiative for the visit to Sweden, or whether someone else has invited you (A). Enter the address at which you will be staying in Sweden. If you will be staying with someone, enter his/her name and address (B). Also, state who is paying for your journey and your expenses in Sweden (C).

*Här vill vi veta om du själv tagit initiativet till besöket i Sverige, eller om någon annan har bjudit in dig (A). Skriv också vilken adress du kommer att ha i Sverige. Om du ska bo hos någon, skriv då den personens namn och adress (B). Du ska också skriva vem som betalar din resa och dina kostnader i Sverige (C).*

- Enter the name of the company you represent/are employed by (A). Describe your position or line of work within the company (B) and the company's main field of operations (C).
- State the company's annual turnover and number of employees (D).
- If the company is part of an international group, put a cross in the 'Yes' box and state the name of the group (E).
- If your company has previously been in contact with the company in Sweden, put a cross in the 'Yes' box and state when (F).
- If someone from your company has previously been in Sweden on business, put a cross in the 'Yes' box and state the person's name and when he/she visited Sweden (G).
- You are also required to state how important your visit to Sweden is for the company and what you expect to get out of it (H).

*Om ansökan gäller affärs/företagsbesök:*

*Fyll i vilken företag du representerar/är anställd hos (A). Du ska också skriva vilken tjänst eller uppgift du har inom företaget (B) samt företagets huvudsaliga verksamhet (C).*

*Fyll i företagets årliga omsättning och antal anställda (D).*

*Om företaget ingår i en internationell grupp, kryssa i "Yes" och skriv namnet på gruppen (E).*

*Om företaget tidigare haft kontakter med företaget i Sverige, kryssa i "Yes" och skriv när (F).*

*Om någon från ditt företag har besökt Sverige i affärer, kryssa i "Yes" och skriv den personens namn samt när han eller hon besökte Sverige (G).*

*Du ska också skriva hur viktigt ditt besök i Sverige är för företaget och vad du förväntar dig att få ut av det (H)*



2 1 0 0 2 2

D. How big is the company? (Turnover, annual profit, number of employees, etc)

E. Is the company part of an international group?

No  Yes. If yes, state the name of the group:

F. Has your company previously had any contact with the Swedish company you plan to visit?

No  Yes. If yes, state when:

G. Has a representative of your company visited Sweden previously?

No  Yes. If yes, state who and when:

H. How important is your visit and what do you expect to get out of it?

**4** If the visit is to attend a conference

A. State which conference or other event you intend to take part in

B. In what capacity are you taking part in the conference/event?

**5** Signature

I swear that the information I have given is correct and complete.

Place and date

Signature (for minors etc, signature of custodian/guardian)

Regarding the documents to be enclosed with the visa application, please consult the fact sheet "Facts about entry visas" or the web site [www.migrationsverket.se](http://www.migrationsverket.se)

State here which conference or event you plan to take part in (A) and also in what capacity you will be attending (B).

*Om besöket avser deltagande i konferens ska du fylla i vilken konferens eller evenemang du ska delta i (A) och även i vilken egenskap du ska delta (B).*

Don't forget to sign your application!

*Glöm inte att skriva under frågeformuläret*

**Remember to enclose**

For a business visit

- A copy of your passport
- Two passport photos that are no more than six months old and that are taken full-face (taken when you are facing the camera directly with your eyes looking straight at the camera).
- An invitation (in Swedish or English) from the Swedish company
- A document from your company certifying that you will be visiting the Swedish company concerned.

**OBS! Kom ihåg att bifoga**

*Vid affärsbesök*

- *Kopia av ditt pass*
- *Två fotografier i passformat som är tagna rakt framifrån och inte är äldre än sex månader.*
- *Inbjudan (på svenska eller engelska) från det svenska företaget*
- *Intyg från din arbetsgivare som bekräftar att du ska besöka det svenska företaget*
- *Kopia av det svenska företagets registreringsbevis*

- A copy of the Swedish company's certificate of incorporation (registreringsbevis).

For a conference visit:

- A copy of your passport
- Two passport photos that are no more than six months old and that are taken full-face (taken when you are facing the camera directly with your eyes looking straight at the camera).
- An invitation (in Swedish or English)
- Conference programme or the equivalent
- List of participants

*För konferensbesök*

- *Kopia av ditt pass*
- *Två fotografier i passformat som är tagna rakt framifrån och inte är äldre än sex månader.*
- *Inbjudan (på svenska eller engelska)*
- *Konferensprogram eller liknande*
- *Deltagarlista*

## Family details

### Appendix to your application

|                             |          |
|-----------------------------|----------|
| Fylls i av Migrationsverket |          |
| Dossienummer                | Signatur |

**NOTE! Read this first!**

You must here list your (the applicant's) parents, husband/wife/partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 6: 'Other information'. This form must also be filled in if you are applying for an extension.

You will also find this form and more information on our website [www.migrationsverket.se](http://www.migrationsverket.se). Please complete the form on a computer if possible, as it makes it easier for us to process your application.

#### 1. My personal details

|   |  |
|---|--|
| Surname (Family name) and given name(s) | Date of birth (year, month, day; numbers if any) |
|---|--|

#### 2. My husband/wife/partner

|                                |  |   |   |
|--------------------------------|--|---|---|
| Surname (Family name)          |  | Previous surname(s) (if any)  |   |
| Given name(s) (in full)        |  | Date of birth (yr, mth, day; numbers if any)  | Deceased<br><input type="checkbox"/>  |
| Citizenship                    | Previous/other citizenship, if any   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                      | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| Country and place of residence | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number ..... | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number ..... |   |

#### 3. My children ( I do not have any children)

|  |  |   |   |
|--|--|---|---|
| Surname (Family name)  |  | Previous surname(s) (if any)  |   |
| Given name(s) (in full)  |  | Date of birth (yr, mth, day; numbers if any)  |   |
| Citizenship  | Previous/other citizenship, if any   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year: ) |  |   |   |
| Country and place of residence   | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |   |

|  |  |   |   |
|--|--|---|---|
| Surname (Family name)  |  | Previous surname(s) (if any)  |   |
| Given name(s) (in full)  |  | Date of birth (yr, mth, day; numbers if any)  |   |
| Citizenship  | Previous/other citizenship, if any   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year: ) |  |   |   |
| Country and place of residence   | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |   |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

#### 4. My parents

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

\* Registered partners are counted as married

**5. My siblings** ( I have no siblings)

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Surname (Family name)  |                                    | Previous surname(s) (if any)   |   |
| Given name(s) (in full)  |                                    |  | Date of birth (yr, mth, day; numbers if any)  |
| Citizenship  | Previous/other citizenship, if any | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                       | Applying together with me<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |
| Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     ) |                                    |  |   |
| Country and place of residence   |                                    | Has children in Sweden<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number | Has children in another country<br><input type="checkbox"/> No <input type="checkbox"/> Yes, number |

\* Registered partners are counted as married

**6. Other information**

|  |
|--|
|  |
|  |
|  |
|  |

**7. Signature**

|                |  |
|----------------|--|
|                |  |
| .....          | .....  |
| Place and date | Signature (for minors: guardian's signature) |