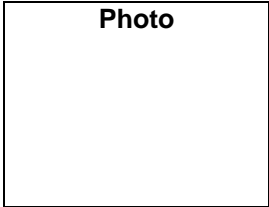




# Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <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		Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
		6. Country of birth		Nationality at birth, if different			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)				Name:  <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						File handled by:	
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> <input type="checkbox"/> Other (please specify)							
13. Number of travel document		14. Date of issue	15. Valid until		16. Issued by	Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent ..... No ..... Valid until						Visa decision <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV  <input type="checkbox"/> Valid From..... Until .....	
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.						Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:	
21. Main purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons  <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)							
22. Member State(s) of destination			23. Member state of first entry			Number of days:	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			25. Duration of the intended stay or transit Indicate number of days				
26. Schengen visas issued during the past three years <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 <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.

28. Entry permit for the final country of destination, where applicable Issued by ..... Valid from ..... Until.....		For official use only	
29. Intended date of arrival in the Schengen Area	30. Intended date of departure from the Schengen Area		
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)			
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)	Telephone and telefax		
* 32. Name and address of inviting company / organisation	Telephone and telefax of company / organisation		
Surname, first name, address, telephone, telefax and e-mail address of contact person in company / organisation			
* 33. Cost of traveling and living during the applicant's stay is covered <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by the sponsor (host, company, organisation), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify)  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)			
34. Personal data of the family member who is an EU, EEA or CH citizen Surname First name(s)			
Date of birth	Nationality		Number of travel document or ID card
35. Family relationship with an EU, EEA, or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)		

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member State.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) <sup>(1)</sup> for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purpose of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfill these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: The Swedish Migration Board, 601 70 Norrköping, Sweden, [www.migrationsverket.se](http://www.migrationsverket.se).

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that the data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to national law of the State concerned. The national supervisory authority of that Member State (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, [www.datainspektionen.se](http://www.datainspektionen.se)) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member State before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5 (1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian)
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<sup>(1)</sup> In so far the VIS is operational.

## 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 huvudsakliga 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	
Dossiernummer	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)
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#### 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 <input type="checkbox"/>
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number .....	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <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 <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <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)