

To be filled out by the authority

Case number	Signature
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## Family details

### Appendix to your application

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

You will 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), first name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
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### 2. My husband, wife or cohabiting partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Deceased <input type="checkbox"/> Yes	Has lived together with me outside Sweden for more than two years <input type="checkbox"/> No <input type="checkbox"/> Yes, during the period from _____ until _____		

### 3. My children

I do not have any children

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

\* Including registered partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

\* Including registered partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

#### 4 My parents

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

\* Including registered partner

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

#### 5 My siblings

I have no siblings

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

\* Including registered partner

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

\* Including registered partner

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

Surname (family name)		Previous surname, if any
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship		Previous or other citizenship
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:		

## 6. Other information

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## 7. Signature

Place and date	Signature (for children under the age of 18 – guardian's signature)