

Received by the Swedish mission abroad

Received by the Swedish Migration Agency

To be filled out by the authority							
Case number	Sigr	nature					
Family details							
Appendix to your application							
	al child, you r	nust state your	relationship to that child a	en, parents and siblings. If any nd any half-siblings in the section ion.			
You will find this form and more information on our website www.migrationsverket.se . Please complete the form on a computer if possible, as it makes it easier for us to process your application.							
computer if possible, do it me	TROO IT GUGIOI	ioi do lo proces	oo your approation.				
1. My personal details							
Surname (family name), first name	ne(s)		Date of birth/Personal ID N	No (YYYYMMDD-NNNN)			
Curriano (iamily hamo), mot ham	(5)		Bate of Birthyl croonal is 1	to. (TTTTWWDD TWWW)			
2. My husband, wife or	cohabiting	partner					
Surname (family name)		5 F • · · · · · · · · · · · · · · · · · ·	Previous surname, if any				
First name(s)			Date of birth/Personal ID N	Date of birth/Personal ID No. (YYYYMMDD-NNNN)			
Citizenship			Previous or other citizenship				
Applying together with me	Sex		Has children in Sweden				
☐ No ☐ Yes	☐ Male	☐ Female	□ No	Yes, number:			
Country and place of residence			Has children in another co	Has children in another country			
			☐ No	Yes, number:			
Deceased Has lived togeth	er with me outs	side Sweden for	more than two years				
☐ Yes ☐ No	Yes, during the period from until			until			
3. My children							
I do not have any children	I						
Surname (family name)			Previous surname, if any				
First name(s)			Date of birth/Personal ID N	Date of birth/Personal ID No. (YYYYMMDD-NNNN)			
Citizenship			Previous or other citizenship				
Applying together with me	Sex		Has children in Sweden	_			
☐ No ☐ Yes	☐ Male	Female	☐ No	Yes, number:			
Country and place of residence			Has children in another co	<u> </u>			
			☐ No	Yes, number:			
Marital status	_	_		_			
Unmarried	☐ Married*	☐ Divorced	Cohabiting partner	☐ 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	Sex		Has children in Sweden	
□ No □ Yes	☐ Male	Female	□No	Yes, number:
Country and place of residence	<u> </u>		Has children in another cou	
			□ No	Yes, number:
Marital status				<u> </u>
Unmarried	☐ Married*	Divorced	Cohabiting partner	☐ Widow/widower, year:
* Including registered partner				
Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID N	o. (YYYYMMDD-NNNN)
Citizenship			Previous or other citizenshi	p
Applying together with me	Sex		Has children in Sweden	
□ No □ Yes	☐ Male	Female	□ No	Yes, number:
Country and place of residence			Has children in another country	
			□ No	Yes, number:
Marital status			1	
Unmarried	☐ Married*	Divorced	Cohabiting partner	☐ Widow/widower, year:
0			Design to the second se	
Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID N	o. (YYYYMMDD-NNNN)
Citizenship			Previous or other citizenshi	р
Applying together with me	Sex		Has children in Sweden	
☐ No ☐ Yes	☐ Male	Female	□ No	Yes, number:
Country and place of residence	, 		Has children in another cou	ıntry
			□ No	Yes, number:
Marital status			•	
Unmarried	☐ Married*	Divorced	Cohabiting partner	☐ Widow/widower, year:
				_
Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID N	o. (YYYYMMDD-NNNN)
Citizenship			Previous or other citizenshi	p
Applying together with me	Sex	_	Has children in Sweden	_
☐ No ☐ Yes	☐ Male	Female	□ No	Yes, number:
Country and place of residence			Has children in another cou	<u> </u>
			□ No	Yes, number:
Marital status				
Unmarried	☐ Married*	Divorced	Cohabiting partner	☐ Widow/widower, year:

4 My parents Surname (family name) Previous surname, if any Date of birth/Personal ID No. (YYYYMMDD-NNNN) First name(s) Citizenship Previous or other citizenship Applying together with me Sex Has children in Sweden ☐ No Yes, number: Yes Male Female ☐ No Country and place of residence Has children in another country ☐ No Yes, number: Marital status Unmarried Divorced ☐ Cohabiting partner Widow/widower, year: Including registered partner Surname (family name) Previous surname, if any Date of birth/Personal ID No. (YYYYMMDD-NNNN) First name(s) Citizenship Previous or other citizenship Applying together with me Sex Has children in Sweden No Yes Male Female ☐ No Yes, number: Country and place of residence Has children in another country ☐ No Yes, number: Marital status Divorced Cohabiting partner ☐ Unmarried ☐ Married* ☐ Widow/widower, year: 5 My siblings ☐ I have no siblings Surname (family name) Previous surname, if any Date of birth/Personal ID No. (YYYYMMDD-NNNN) First name(s) Citizenship Previous or other citizenship Applying together with me Sex Has children in Sweden Male Female □ No Yes, number: Country and place of residence Has children in another country No Yes, number: Marital status ☐ Divorced ☐ Unmarried ☐ Married* Cohabiting partner ☐ Widow/widower, year: Including registered partner Surname (family name) Previous surname, if any Date of birth/Personal ID No. (YYYYMMDD-NNNN) First name(s) Citizenship Previous or other citizenship Applying together with me Sex Has children in Sweden ☐ Yes Male ☐ Female Yes, number:

Has children in another country

Cohabiting partner

Yes, number:

☐ Widow/widower, year:

☐ No

Country and place of residence

Divorced

Marital status

Unmarried

Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship			Previous or other citizensh	ip
Applying together with me	Sex		Has children in Sweden	
☐ No ☐ Yes	☐ Male	☐ Female	□ No	Yes, number:
Country and place of residence			Has children in another co	_ <u></u>
			☐ No	Yes, number:
Marital status				
Unmarried		☐ Divorced	Cohabiting partner	☐ Widow/widower, year:
* Including registered partner			T	
Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID N	lo. (YYYYMMDD-NNNN)
Citizenship			Previous or other citizensh	ip
Applying together with me	Sex		Has children in Sweden	
□ No □ Yes	☐ Male	☐ Female	□ No	Yes, number:
Country and place of residence	. —		Has children in another con	
			☐ No	Yes, number:
Marital status				
Unmarried	☐ Married*	Divorced	Cohabiting partner	Widow/widower, year:
Surname (family name)			Previous surname, if any	
First name(s)			Date of birth/Personal ID N	lo. (YYYYMMDD-NNNN)
Citizenship			Previous or other citizensh	ip
Applying together with me	Sex		Has children in Sweden	
☐ No ☐ Yes	☐ Male	☐ Female	☐ No	Yes, number:
Country and place of residence			Has children in another co	
			☐ No	Yes, number:
Marital status	☐ Married*	Divorced	Cohobiting portner	□ Widow/widowor voor
Unmarried	iviarried"	☐ Divorced	Cohabiting partner	Widow/widower, year:
6. Other information				
7. Signature				
Place and date			Signature (for children under	the age of 18 – guardian's signature)