

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. 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	e(s) (if any)		
Given name(s) (in full)				Dat	e of birth (yr, mth, day; nu	mbers if any)	Deceased
Citizenship	Previous/other citizenship, if any		Sex Sex Female			Applying toge	
Country and place of residence			^{veden} s, number		Has children in another o		

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	fany	Sex	Applying together with me
Marital status				
Single Married*	Divorced 🗌 Partner		Widowed (year:	
Country and place of residence			dren in Sweden	Has children in another country

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	Applying together with me	
			🗌 Male 🔲 Female	No Yes	
Marital status	Marital status				
Single Married* Divorced Partner Widowed (year:			Widowed (year:)		
Country and place of residence	Has children in Sweden		Has children in another country		
		🗌 No	Yes, number	🗌 No 📋 Yes, number	

Surname (Family name)		Previous surname(s) (if any)	Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)	
Citizenship	Previous/other citizenship, if a	any Sex	Applying together with me	
		🗌 Male 🔲 Female	🗌 No 🔲 Yes	
Marital status				
Single Married*	Divorced 🗌 Partner	Widowed (year:		
		as children in Sweden] No 🔲 Yes, number	Has children in another country	

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	Applying together with me	
Marital status	Marital status				
Single Married* Divorced Partner Widowed (year:] Widowed (year:)		
Country and place of residence Has child		ldren in Sweden	Has children in another country		
		🗌 No	Yes, number	🗌 No 📋 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 Male Female	Applying together with me
Marital status				
Single Married* Divorced Partner Widowe			Widowed (year:)	
		dren in Sweden	Has children in another country	

4. My parents

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)		I		Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if	any	Sex	Applying together with me
Marital status				
Single Married*	Divorced 🗌 Partner		Widowed (year:)	
Country and place of residence	H	las childr	ren in Sweden	Has children in another country
	[No No	Yes, number	🗌 No 📋 Yes, number
Surname (Family name)		F	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 Male Female	Applying together with me
Marital status				
Single Married*	Divorced 🗌 Partner		Widowed (year:)	
Country and place of residence	F	Has childr	ren in Sweden Yes, number	Has children in another country

* 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)		<u> </u>	Date of birth (yr, mth, day; numbers if any)	
Citizenship Previous/other citizenship	o, if any	Sex	Applying together with me	
Marital status		1 Midawad (vear		
Single Married* Divorced Partn] Widowed (year:) Idren in Sweden	Has children in another country	
			□ No □ Yes, number	
	1			
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	o, if any	Sex	Applying together with me	
Marital status	er [] Widowed (year:)		
Country and place of residence		Idren in Sweden	Has children in another country	
		Yes, number	No 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	o, if any	Sex	Applying together with me	
Marital status				
Single Married* Divorced Partn	1] Widowed (year:) Idren in Sweden	Has children in another country	
		Yes, number	No Yes, number	
		1		
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	o, if any	Sex	Applying together with me	
Marital status	_			
Single Married* Divorced Partn] Widowed (year:) Idren in Sweden	Has children in another country	
Country and place of residence	_	Yes, number	No 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	o, if any	Sex	Applying together with me	
Marital status				
Single Married* Divorced Partn] Widowed (year:)	Llog shildren in sasther say	
		ldren in Sweden	Has children in another country	

* Registered partners are counted as married

6. Other information

7. Signature

Place and date

Signature (for minors: guardian's signature)