

## 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)
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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)