

Application for a visitor's permit for a child under the age of 18

Fylls i av Migrationsverket	
Dossienummer	Signatur

NOTE! Read this first!

Use this form to apply for a visitor's permit for a child under 18 years of age who will be visiting Sweden for more than three months. You can also use this form to apply for an extension of a visit that has already begun.

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.

Application for permission to

visit Sweden for more than three months, from.....until..... (O)

extend a present visit in Sweden until (O, OX, OVX)

The child's visa/ visa-free period expires on

1. Child's personal details

Surname (Family name)		Previous surname, if any	
Given name(s) (in full)			
Citizenship		Previous/other citizenship, if any	
Date of birth (year, month, day, ID digits if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with other persons <input type="checkbox"/> No <input type="checkbox"/> Yes	
Place of birth	Country of birth	Mother tongue	
Address (street, postal code, place)			
Email address (guardian)			Daytime telephone number (guardian)
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabit <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed			Other languages

* Registered partners are counted as married

2. Child's passport details

<input type="checkbox"/> Has a passport	<input type="checkbox"/> In parents' passport	Type of passport	Passport number	<input type="checkbox"/> Has no passport
Which authority issued the passport?		Date of issue (year-month-day)	Expiry date	

3. Parents

3.1 Surname (Family name)	Given name(s)
Date of birth (year, month, day, ID digits if any)	Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2 Surname (Family name)	Given name(s)
Date of birth (year, month, day, ID digits if any)	Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Person whom the child shall visit (referee/ reference person) Same as 3.1 3.2

Surname (Family name)		Given name(s)		Personal identity number
Address (street, postal code, place)			Citizenship	
Email address		Daytime telephone number		
If the referee/reference person is also responsible for the child's upkeep (support)				
Monthly salary before tax		Employer		

5. Person supporting the child during his/her visit in Sweden (If other than the referee/reference person)

Surname (Family name)		Given name(s)		Personal identity number
Address (street, postal code, place)			Citizenship	
Monthly salary before tax		Employer		
Email address		Daytime telephone number		

6. Child's address while in Sweden

c/o	Street
Postal code	Place
Daytime telephone number	Email address

7. Reason why the child is visiting Sweden, etc. (Tick the boxes that are relevant and answer the questions)

To visit relative(s) <input type="checkbox"/>	Name of relative(s)
	Relation
To visit friend(s) <input type="checkbox"/>	Name of friends(s)
	They have known one another since
Other reason <input type="checkbox"/>	State reason
Why do you want the child to stay longer?	
Why did you not apply for a visitor's permit for the whole period before the child came to Sweden?	
<input type="checkbox"/> Child will be travelling within the Schengen area during the period covered by this application <input type="checkbox"/> Child will <u>not</u> be travelling within the Schengen area during the period covered by this application	Child will be visiting these countries
<input type="checkbox"/> Child plans to settle in Sweden <input type="checkbox"/> Child does <u>not</u> plan to settle in Sweden	Child plans to settle in Sweden from (date)
<input type="checkbox"/> Child can return to native country <input type="checkbox"/> Child <u>cannot</u> return to native country	Reason why the child cannot return
<input type="checkbox"/> Child holds a return ticket <input type="checkbox"/> Child does <u>not</u> hold a return ticket	Ticket is valid until (date) <input type="checkbox"/> Ticket is re-bookable

<input type="checkbox"/> Child has permission to live in another country	Country
<input type="checkbox"/> Child does <u>not</u> have permission to live in another country	
<input type="checkbox"/> Child has a valid health insurance	Insurance is valid until (date)
<input type="checkbox"/> Child does <u>not</u> have a valid health insurance	
How will the child support him/herself in Sweden?	
<input type="checkbox"/> Own money. The child has kronor.	<input type="checkbox"/> Parent or other person will support the child
The child will leave Sweden if this application is refused (if he/she is in Sweden).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Other information

9. Please send notice of decision to

Address in Sweden

10. Documents which must be enclosed with this form

- Copy of passport pages that show the child's identity and the passport's expiry date
- Appendix – **Family details MIGR 239011** (replaces 201031 and 201041)
- Documents that show that the child's upkeep is secure for the duration of the visit to Sweden
- Copy of return ticket
- Copy of the referee/ reference person's identity documents
- Other

11. Assurance from child's guardian

I solemnly declare that the information that I have provided is true and that I have not knowingly omitted anything that could be of significance in an examination of this application.	
.....
Place and date	Guardian's signature
<i>A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).</i>	

If this application is made from Sweden

12. Signature of the person who guarantees the applicant's upkeep during the visit

I solemnly declare that I can support the applicant during the period referred to in this application.	
.....
Place and date	Signature

Myndighetens anteckningar

Ansökan och frågeformulär granskade av	Familjebilagor granskade tillsammans med den sökande <input type="checkbox"/> Nej <input type="checkbox"/> Ja, av
Eventuella synpunkter	
Avgiften är betald <input type="checkbox"/> Ja <input type="checkbox"/> Nej <input type="checkbox"/> Undantagen	MR/BR-stämpel