

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.

Simplified service

Once the Swedish Migration Agency has reached a decision, you may use the simplified service to be informed of the decision. Simplified service means that the Swedish Migration Agency will send the decision by regular post to the address that you have given as your place of residence. The next day, we will send a new letter with informing you that we have sent out the decision. After the above steps have been taken, the Swedish Migration Agency will consider that you have been informed of the decision two weeks after the date we sent it to you. You then have three weeks to lodge an appeal against the decision.

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

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7. Signature

Place and date	Signature (for minors: guardian's signature)