Clear

DATA CONCERNING CLOSE RELATIVES AND FAMILY MEMBERS *Complete when applying for the first time, or, when applying for renewal, if the data has changed.*

APPLICANT'S PERSONAL DATA

Given name or names	**Surname or names**	**Estonian personal code or date of birth** *(dd/mm/yyyy)*

DATA OF CLOSE RELATIVES AND FAMILY MEMBERS

Relationship with the applicant

☐ spouse/registered partner (*the time (dd/mm/yyyy) …… and place of entering into contract of marriage/registered partnership in a foreign country) .....*

☐ parent ☐ child ☐ other ……..……..

Given name or names	**Surname or names**	**Gender** ☐ male ☐ female

Estonian personal code or date of birth *(dd/mm/yyyy)*	**Citizenship or citizenships**	**Place of birth** *(country)*

Contact address *(street/farm, house number, apartment number; village/borough/city; parish; county; country)*	**Zip code**

E-mail	**Phone number**

Relationship with the applicant

☐ parent ☐ child ☐ other ……..……..

Given name or names	**Surname or names**	**Gender** ☐ male ☐ female

Estonian personal code or date of birth *(dd/mm/yyyy)*	**Citizenship or citizenships**	**Place of birth** *(country)*

Contact address *(street/farm, house number, apartment number; village/borough/city; parish; county; country)*	**Zip code**

E-mail	**Phone number**

Relationship with the applicant

☐ parent ☐ child ☐ other ……..……..

Given name or names	**Surname or names**	**Gender** ☐ male ☐ female

Estonian personal code or date of birth *(dd/mm/yyyy)*	**Citizenship or citizenships**	**Place of birth** *(country)*

Contact address *(street/farm, house number, apartment number; village/borough/city; parish; county; country)*	**Zip code**

E-mail	**Phone number**

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable.

Date *(dd/mm/yyyy)*	**Signature of the applicant or his/her legal representative**

SHALL BE COMPLETED BY AN OFFICIAL

Accepted for procedure *(dd/mm/yyyy)*	**Name, signature**