PLEASE SIGN BOTH PAGES OF THE FORM

Clear

Please provide a digital colour photograph:

- minimum resolution of at least 1300 x 1600 pixels
- file size 1 – 5 MB
- file format JPG

An applicant of at least 15 years of age shall sign in the space provided. An applicant from 7 to 14 years of age, or a grown-up applicant with restricted legal capacity, may sign in the space provided. In the case of an applicant under 7 years of age, or a person who is incapable of signing, the space for signature shall remain blank. The sample signature shall be written in dark ink and the signature must not cross the borders of the signature box.

APPLICATION FOR IDENTITY DOCUMENTS

To be completed in capital letters. Names of a person must be written in Latin letters in the same form as in the person's identity document. Corrections are not allowed. If there is no data, make a dash.
Fields marked with an asterisk are optional.

PERSONAL DATA

Given name or names		**Surname or names**
Estonian personal code or **date of birth** *(dd/mm/yyyy)*	**Gender** ☐ male ☐ female	**Country of birth** *(please indicate the current name of the country)*
Citizenship or citizenships		**Education** *(state the highest graduated educational level)**
Nationality*		**Native language***

CONTACTS

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

DOCUMENTS BEING APPLIED FOR AND PLACES OF ISSUE *The documents shall be issued to the applicant, his/her legal representative or authorised person.*

☐ **Identity card or residence permit card** ☐ Expiry of document ☐ Lost/destroyed/stolen	☐ First application ☐ Data changed ☐ Document unusable	**Pick-up location**
☐ **Travel document** *(Estonian citizen's passport, aliens passport, refugee's travel document or temporary travel document)* ☐ Expiry of document ☐ Lost/destroyed/stolen	☐ First application ☐ Data changed ☐ Document unusable	**Pick-up location**
☐ **Estonian citizen's additional passport** ☐ Expiry of document ☐ Lost/destroyed/stolen	☐ Data changed ☐ Document unusable	**Pick-up location**
☐ **Seafarer's discharge book or certificate of record of service on ships** ☐ Expiry of document ☐ Lost/destroyed/stolen	☐ Data changed ☐ Document unusable	**Pick-up location**

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**

PLEASE SIGN ALL PAGES OF THE FORM

SHALL BE COMPLETED BY AN APPLICANT FOR AN ESTONIAN CITIZEN'S PASSPORT WITH VALIDITY TERM OF 1 YEAR *State one confirmation and add the justification.*

☐ **I confirm that I am staying in a foreign country, which has no foreign representation of Estonia.**
☐ **I confirm that it is disproportionally burdensome for me to address a foreign representation of Estonia.**

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SHALL BE COMPLETED BY AN APPLICANT FOR ALIENS PASSPORT

☐ **I confirm that I have no travel document of a foreign country and I have no possibility to obtain it.**

SHALL BE COMPLETED BY AN APPLICANT STAYING IN ESTONIA WITH A PERMIT ISSUED ON THE BASIS OF THE NATIONAL DEFENCE ACT

☐ **I am staying in Estonia with a permit issued on the basis of the National Defence Act.**

LEGAL REPRESENTATIVE *An application for a child under 15 years of age or a person with restricted active legal capacity shall be submitted by his/her legal representative. An applicant who is at least 15 years old can submit the application independently.*

Given name and surname or names of representative	**Estonian personal code or date of birth** *(dd/mm/yyyy)*
Name of the representing institution	**Register code of the representing institution**

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable. I confirm, that I agree to the terms and conditions for use of certificates, available at www.id.ee/termsandconditions, when applying for an ID-card or Residence card.

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**