

DETAILS OF CLOSE RELATIVES AND FAMILY MEMBERS IN PROTECTION AND RESIDENCE PERMIT PROCEDURE *Fill in when applying for the first time and for subsequent applications if data have changed*
PERSONAL DATA

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

DETAILS OF APPLICANT'S FAMILY MEMBER
Relationship with the applicant

- mother/father child/daughter/son sister/brother aunt/uncle grandmother/grandfather grandchild
 guardian/person under guardianship curator/person under curatorship other
 spouse (*time (dd.mm.yyyy) and place of entering into contract of marriage*)
 marriage certificate (*or the reason for the absence of a certificate*)
 registered partner (*date (dd.mm.yyyy) and place of registration of partnership*)
 proof of registration of partnership (*or the reason for the absence of a proof*)
 partner ex-spouse

Given names
Surnames
Date of birth (dd.mm.yyyy)
Gender

-
- male
-
- female

Personal identification code
Country of birth
Place of birth
Has health insurance

-
- yes
-
- no

Current place of stay

- not known country of origin Estonia other country
 Vägeva Accommodation Centre Vao Accommodation Centre other

Citizenship(s) (including previous ones)

Country	Date of acquisition of citizenship (dd.mm.yyyy)	Basis or circumstance of acquisition of citizenship	Is a previous one
.....	<input type="checkbox"/> yes <input type="checkbox"/> no
.....	<input type="checkbox"/> yes <input type="checkbox"/> no
.....	<input type="checkbox"/> yes <input type="checkbox"/> no

Contact details in Estonia
Address in Estonia (street/farm, house number, flat number, village/borough/town; parish; county)
Postal code
Phone number (in use since dd.mm.yyyy)
E-mail address (in use since dd.mm.yyyy)
Other contact details

Phone, e-mail or social media account	In use since (dd.mm.yyyy)	In use until (dd.mm.yyyy)	Note
.....
.....
.....

I confirm that all the information provided is correct. I am aware that the submission of false information is punishable.

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

Previous places of residence		
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Are they currently applying for or have they previously applied for international protection? <input type="checkbox"/> yes, currently <input type="checkbox"/> yes, previously <input type="checkbox"/> no <input type="checkbox"/> not known		
Current or previous applications		
Country	Date of application (dd.mm.yyyy)	
Reason for application	Decision on the application	
Country	Date of application (dd.mm.yyyy)	
Reason for application	Decision on the application	
I confirm that all the information provided is correct. I am aware that the submission of false information is punishable.		
Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative	
SHALL BE COMPLETED BY AN OFFICIAL		
Accepted for proceedings	Accepted for proceedings	