

1

Inkom utlandsmyndighet

Application for children under 18 year

Inkom Migrationsverket

Residence permit Permit extension



Resident permit for visit from _____ to (dates) _____

Valid permit currently held in Sweden

Last date of entry

Dossinummer

Sign

2 **Grounds for application**

PLEASE WRITE CLEARLY

Accompanying parent Accompanying another adult Born in Sweden/Parent with Swedish residence permit

3 **Personal particulars**

Surname /Family name			
Previous surname			
Given names (in full)			
Birth date (yr, mth, day, ID digits, if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Military service <input type="checkbox"/> No <input type="checkbox"/> Yes, yr	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Citizenship	Previous citizenship, if any		
Place of birth	Country of birth		
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed			
Occupation	Employer		
Mother tongue	Other language		
Do you have a return ticket <input type="checkbox"/> No <input type="checkbox"/> Yes Period of validity:			
Is there anything to prevent you from returning to country of origin/country of domicile? <input type="checkbox"/> No <input type="checkbox"/> Yes, If so, state what			

4 **Current home address in Sweden**

c/o	Street & no.	Tel. (private)
Postcode & district	Country	Tel. (daytime)

5 **Passport etc.**

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport	<input type="checkbox"/> Copy of passport appended	Passport no.	<input type="checkbox"/> No passport
Issued by		Date	Expiry date	
Entered in another person's passport <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of passport holder		
Restricted right of return to the country of origin/domicile? <input type="checkbox"/> No <input type="checkbox"/> Yes, country:			Dates (inclusive):	
Permission to reside in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, country:			Dates (inclusive):	



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6 Husband/Wife/Partner - personal particulars

Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (yr, mth, day)
Citizenship		Previous citizenship, if any	
Present address (street & no, town/city, country)			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

7 Parents - personal particulars

Your father's surname (Family name)		Previous surname	
Given names (in full)		Birth date (yr, mth, day, ID digits, if any)	
Place/Country of residence		Child(ren) in Sweden <input type="checkbox"/> Yes (number):	Child(ren) in another country <input type="checkbox"/> Yes (number):
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widower <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

Your mother's surname (Family name)		Previous surname	
Given name (in full)		Birth date (yr, mth, day, ID digits, if any)	
Place/Country of residence		Child(ren) in Sweden <input type="checkbox"/> Yes (number):	Child(ren) in another country <input type="checkbox"/> Yes (number):
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

8 Siblings - personal particulars**Number of brothers:****Number of sisters:**

Surname		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) <input type="checkbox"/> No <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

Surname		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) <input type="checkbox"/> No <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes



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Siblings continue

Surname		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) <input type="checkbox"/> No <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

Surname		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) <input type="checkbox"/> No <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased year:			
Citizenship		Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

9 Further particulars

10 Please send notice of decision to

Embassy or consulate/home address given in Sweden

11 Signature

I am applying for a Swedish residence permit. I solemnly confirm that the information i have supplied in the application papers is correct and that no details have been omitted that could be of decisive importance when the application is considered. (Under CH. 10, 2§ 3. of the Aliens Act, anyone applying for a permit who deliberately fails to provide information having an important bearing on the case will be liable to a fine, or in the event of aggravated circumstances, imprisonment for a maximum six months.)	
Place and date	Signature (for minors etc., signature of custodian/guardian)