

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)
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DATA OF CLOSE RELATIVES AND FAMILY MEMBERS

Relationship with the applicant <input type="checkbox"/> spouse (the time (dd/mm/yyyy) and place of entering into contract of marriage in a foreign country) <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> other		
Given name or names	Surname or names	Gender <input type="checkbox"/> male <input type="checkbox"/> 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 <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> other		
Given name or names	Surname or names	Gender <input type="checkbox"/> male <input type="checkbox"/> 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 <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> other		
Given name or names	Surname or names	Gender <input type="checkbox"/> male <input type="checkbox"/> 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
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SHALL BE COMPLETED BY AN OFFICIAL

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