



Family appendix for applicants – Appendix D

1 Your personal particulars

Surname, given name	Date of birth
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2 Personal particulars of your children

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children



3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children



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2 Personal particulars of your children

Surname, given name	Sex	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children

Instructions on how to fill in this form

Så fyller du i den här blanketten

1 Your personal particulars

Enter your name and date of birth.

1 Dina personuppgifter

Här ska du fylla i ditt namn och din födelsetid.

2 Your children's particulars

Remember to enter the personal particulars of each of your children. If you have more than 10 children, you can enter their particulars on a separate sheet of paper

and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site www.migrationsverket.se.

2 Dina barns personuppgifter

Här fyller du i personuppgifter för alla dina barn. Har du fler än 10 barn kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, www.migrationsverket.se.



3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
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Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children

3 Your parents' particulars

Enter full particulars.

3 Dina föräldrars personuppgifter

Här ska du fylla i samtliga uppgifter.

4 Particulars of brothers/sisters (siblings)

Remember to enter the personal particulars of each sibling. If you have more than 11 siblings you can enter their particulars on a separate sheet of paper and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site www.migrationsverket.se.

4 Dina syskons personuppgifter

Här fyller du i personuppgifter för alla dina syskon. Om du har fler än 11 syskon kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, www.migrationsverket.se.