

## Information for verification of Swedish citizenship (all parts must be filled in)

#### Personal data

Surname	All given names
Temporary address in Sweden	Personal identity number
Telephone number (including area code) in Sweden	E-mail
Address in country of residence	
Address in country of residence	
Town/city/postcode	Country
Telephone number (including country and area code)	

#### Personal data - parents -compulsory for all applicants

Your fathers's surname			
All given names		Personal identity number or date of birth	
Place and country of birth	Most recent residence in Sweden	-	Date of marriage
Citizenship (if multiple, state all)	If other than Swedish - date acquired		Date of move from Sweden
Your mother's surname			
All given names		Personal identity r	number or date of birth
Place and country of birth	Most recent residence in Sweden		Date of marriage
Citizenship (if multiple, state all)	If other than Swedish - date acquired		Date of move from Sweden

#### Recidence in and visit to Sweden

Born in Sweden	Born outside Sweden	
I have lived in Sweden during	g the period	
I have visited Sweden the foll been resident in Sweden )	owing times ( to be filled in if you were n	ot born i Sweden and have not
Place of stay in Sweden	Period of stay in Sweden (start date - end date)	Reason for stay

Acquisition of Swedish citizenship				
By birth By application	By notification	By marriage		
By other means, state how		Date acquired		
Acquisition of foreign citizenship				
No Yes, citizen of		Date acquired		
How was the foreign citizenship accquired?				
By birth By application	By notification			
By marriageWoman who is/has been married to a foreign citizenDate of marriageHusband's citizenship at time of marriage				
By other means, state how				
I have notified the Swedish Tax Agency that I have	moved abroad			
No Yes, date of move				
Country of residence outside Sweden	Since (year)	Employer/own business		

### I solemnly declare that the above information is correct

Date	Signature	

# Parent or guardian's signature for minors

Signature of parent/guardian 1

Date

Signature of parent/guardian 1