



How to fill in the form!

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

Date
20XX-XX-XX

Personal data

Personal data refers to the person renewing/applying for passport/ID card

Surname PERSSON	All given names PER-ERIK
Temporary address in Sweden VÅGEN 10, XX XX CITY	Personal identity number YYMMDD-XXXX
Telephone number (including area code) in Sweden 44 X XXXXXX	E-mail XX@hotmail.com

Fill in if applicable

Personal identity number or samordningsnummer

Address in country of residence

Address in country of residence FLAT 3, 10 STREET	
Town/city/postcode WXX XNB LONDON	Country UK
Telephone number (including country and area code) 44 X XXXXXX	

Must be completed even if parents are deceased

Personal data - parents - compulsory for all applicants

Your fathers's surname PERSSON		
All given names KARL-IVAR	Personal identity number or date of birth YYMMDD- (XXXX)	
Place and country of birth ÅRE/ SWEDEN	Most recent residence in Sweden ÖSTERSUND	Date of marriage YYMMDD
Citizenship (if multiple, state all) SWEDISH	If other than Swedish - date acquired YYMMDD	Date of move from Sweden YYMMDD
Your mother's surname PERSSON		
All given names SARA	Personal identity number or date of birth YYMMDD- (XXXX)	
Place and country of birth PARIS/ FRANCE	Most recent residence in Sweden ÖSTERSUND	Date of marriage YYMMDD
Citizenship (if multiple, state all) SWEDIS/ FRENCH	If other than Swedish - date acquired YYMMDD	Date of move from Sweden YYMMDD

At least date of birth is required

Filled in if the person has moved from Sweden

At least year

At least date of birth is required

Filled in if the person has moved from Sweden

Residence in and visit to Sweden

Born in Sweden Born outside Sweden

I have lived in Sweden during the period _____

I have visited Sweden the following times (to be filled in if you were **not born in Sweden and have not been resident in Sweden**)

Should be completed if you have ever been resident in Sweden. Enter between which years you have been resident in Sweden

Only applies if you were not born in or have never resided in Sweden

Place of stay in Sweden	Period of stay in Sweden (start date - end date)	Reason
ÖSTERSUND	YYMMDD- YYMMDD	VISITING RELATIVES
MALMÖ	YYMMDD-YYMMDD	VISITING COUSINS

Fill in all visits to Sweden. If recurring every year write that

Fill in during when you visited Sweden. Year and month required

Enter reason for visiting Sweden

Tick if you have applied for Swedish citizenship

Tick if only notification was made for Swedish citizenship

Tick if you received Swedish citizenship by marriage

Acquisition of Swedish citizenship

<input checked="" type="checkbox"/> By birth	<input type="checkbox"/> By application	<input type="checkbox"/> By notification	<input type="checkbox"/> By marriage
<input type="checkbox"/> By other means, state how			Date acquired YYMMDD

Acquisition of foreign citizenship

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, citizen of FRANCE	Date acquired YYMMDD
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Tick if you applied for another citizenship

Tick if you received another citizenship by notification

<input checked="" type="checkbox"/> By birth	<input type="checkbox"/> By application	<input type="checkbox"/> By notification
<input type="checkbox"/> By marriage	Woman who is/has been married to a foreign citizen	
	Date of marriage	Husband's citizenship at time of marriage
<input type="checkbox"/> By other means, state how	Are or have you been married to a foreign citizen, you must fill in here. You must also enter his citizenship at the time of marriage	

Must be notified if you have lived outside Sweden for more than 1 year

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

Fill in all countries where you been resided in apart from Sweden

Fill in between which years you have been resident in those countries Sweden

Fill in. If you are not working write that

I solemnly declare that the above information is correct

Date	Signature
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Sign that you solemnly declare that the above information is correct

Parent or guardian's signature for minors

Date	Signature of parent/guardian 1
Date	Signature of parent/guardian 1

All guardians must sign that the above information is correct