

## Application for a visitor's permit for a child under the age of 18

To be completed by the Migration Agency	
Case number	Signature

NOTE! Read this first.

Use this form to apply for a visitor's permit for a child under 18 years of age who will be visiting Sweden for more than 90 days. You can also use this form to apply for an extension of a visit that has already begun.

You will also find this form and more information on our website [www.migrationsverket.se](http://www.migrationsverket.se). Please complete the form on a computer if possible, as it makes it easier for us to process your application.

### Application for permission to

- visit Sweden for more than 90 days, from .....until ..... (O)
- extend a present visit in Sweden until ..... (O, OX, OVX)

The child's visa/ visa-free period expires on .....

The child's last entry into the Schengen area was.....

### 1. Child's personal details

Surname (Family name)		Previous surname, if any	
Given name(s) (in full)			
Citizenship		Previous/other citizenship, if any	
Date of birth (year, month, day, ID digits if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with other persons <input type="checkbox"/> No <input type="checkbox"/> Yes	
Place of birth	Country of birth	Mother tongue	
Address (street, postal code, town/city)			
Email address (guardian)			Daytime telephone number (guardian)
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married * <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed			Other languages
What does the child do in the country of origin? (For example, the child goes to school and has school holidays)			

\* Registered partners are counted as married

### 2. Child's passport details

<input type="checkbox"/> Has a passport	<input type="checkbox"/> In parents' passport	Type of passport	Passport number	<input type="checkbox"/> Has no passport
Which country/authority issued the passport?		Date of issue (year-month-day)	Valid until	

### 3. Parents

<b>3.1</b> Surname (Family name)		Given name(s)	
Date of birth (year, month, day, ID digits if any)		Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent submitting an application for a residence permit at the same time as the child? <input type="checkbox"/> No <input type="checkbox"/> Yes (relatives must submit their own applications)			

<b>3.2</b> Surname (Family name)		Given name(s)	
Date of birth (year, month, day, ID digits if any)		Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent submitting an application for a residence permit at the same time as the child? <input type="checkbox"/> No <input type="checkbox"/> Yes (relatives must submit their own applications)			

### 4. Child's address while in Sweden

c/o	Street
Postal code	Town/City
Daytime telephone number	Email address

### 5. Reason why the child is visiting Sweden (Tick the boxes that are relevant and answer the questions)

<b>To visit relative(s)</b> <input type="checkbox"/>	Name of relative(s)
	Their family relation
<b>To visit friend(s)</b> <input type="checkbox"/>	Name of friend(s)
	They have known each other since
<b>Other reason</b> <input type="checkbox"/>	State reason

### 6. The reason why the child needs to extend his/her stay in Sweden (only if the child is already in Sweden)

Why do you want the child to stay longer?
Why did you not apply for a visitor's permit for the whole period before the child came to Sweden?

**7. Other information that the Swedish Migration Agency needs to know** (Tick the relevant boxes and answer the questions)

Child arrived on a visa from another member state (specify which state)	
<input type="checkbox"/> Child will be travelling within the Schengen area during the period covered by this application. <input type="checkbox"/> Child will <u>not</u> be travelling within the Schengen area during the period covered by this application.	Child will be visiting these countries
<input type="checkbox"/> Child plans on leaving Sweden when his/her residence permit expires <input type="checkbox"/> Child does <u>not</u> plan on leaving Sweden when his/her residence permit expires	
<input type="checkbox"/> Child is going to leave Sweden if his/her application is rejected (if he or she is already in Sweden) <input type="checkbox"/> Child is <u>not</u> going to leave Sweden if his/her application is rejected (if he or she is already in Sweden).	
<input type="checkbox"/> Child can return to native country <input type="checkbox"/> Child <u>cannot</u> return to native country	Reason why the child cannot return
<input type="checkbox"/> Child holds a return ticket <input type="checkbox"/> Child does <u>not</u> hold a return ticket	Ticket is valid until (date) ..... <input type="checkbox"/> Ticket is re-bookable
<input type="checkbox"/> Child has permission to live in another country <input type="checkbox"/> Child <u>does not</u> have permission to live in another country	Country
<input type="checkbox"/> Child has a valid health insurance <input type="checkbox"/> Child does <u>not</u> have a valid health insurance	Insurance is valid until (date)
Child's financial support during his/her visit to Sweden <input type="checkbox"/> Own money. The child has ..... kronor. <input type="checkbox"/> Parent or other person will support the child.	

**8. Person or organisation the child will visit** Same as  3.1  3.2

Surname (Family name)	Given name(s)	Personal identity number
Address (street, postal code, town/city)		Citizenship
Email address	Daytime telephone number	
<b>If they will also support the child</b>		
Monthly salary before tax	Employer	

**9. Person or organisation supporting the child during his/her visit in Sweden** (If other than the one the child is visiting)

Surname (Family name)	Given name(s)	Personal identity number
Address (street, postal code, town/city)		Citizenship
Monthly salary before tax	Employer	
Email address	Daytime telephone number	

**10. Other information**


**11. Please send notice of decision to**

Swedish mission abroad/address in Sweden
--

## 12. Documents enclosed with this form

- copies of passport pages that display identity information and passport's period of validity, as well as any entry stamps (if the child is in Sweden)
- confirmation of authorised absence from the child's school
- appendix – Family details MIGR 239011
- Documents that show that the child's financial support is secure for the duration of the visit to Sweden
- copy of return ticket
- copy of the child's guardians identity documents
- copy of the identity documents belonging to the person the child will visit
- power of attorney from the guardian(s) given to the person that the child will be staying with during the visit. Use form 107011.

## 13. Assurance from the child's guardian present when the application is submitted

I solemnly declare that the information that I have provided is true and that I have not knowingly omitted anything that could be of significance in an examination of this application.

Place and date

Guardian's signature

*A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).*

## If this application is made from Sweden

### 14. Signature of the person who guarantees the applicant's financial support during the visit

I solemnly declare that I can support the applicant during the period referred to in this application.

Place and date

Signature

## Myndighetens anteckningar

Ansökan och frågeformulär granskade av	Familjebilagan granskad tillsammans med den sökande <input type="checkbox"/> Nej <input type="checkbox"/> Ja, av
Eventuella synpunkter	
Avgiften är betald <input type="checkbox"/> Ja <input type="checkbox"/> Nej <input type="checkbox"/> Undantagen	MR/BR-stämpel