



# Embassy of Sweden

Consulate General of Sweden

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

Date \_\_\_\_\_

## 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

### Residence in and visit to Sweden

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 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
<input type="checkbox"/> Born in Sweden <input type="checkbox"/> Born outside Sweden <input type="checkbox"/> I have lived in Sweden during the period _____ <input type="checkbox"/> I have visited Sweden the following times ( to be filled in if you were <b>not born i Sweden and have not been resident in Sweden</b> )		
Place of stay in Sweden	Period of stay in Sweden (start date - end date)	Reason for stay

**Acquisition of Swedish citizenship**

<input 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

**Acquisition of foreign citizenship**

<input type="checkbox"/> No <input type="checkbox"/> Yes, citizen of	Date acquired
How was the foreign citizenship acquired?	
<input 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 _____	
I have notified the Swedish Tax Agency that I have moved abroad	
<input type="checkbox"/> No <input type="checkbox"/> 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
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**Parent or guardian's signature for minors**

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