

## APPLICATION FOR CERTIFICATE OF LEGAL CAPACITY TO CONTRACT MARRIAGE

Complete in Latin script in capital letters

### TO BE COMPLETED BY APPLICANT

FORENAME	_____										
SURNAME	_____										
PERSONAL IDENTIFICATION CODE											
CITIZENSHIP	_____										
FOREIGN PERSONAL IDENTIFICATION CODE	_____										country that issued the personal identification code
ADDRESS OF RESIDENCE	_____										
	country, county, municipality / town, village / street, building, flat										
CONTACT DETAILS	_____						_____				
	telephone number						e-mail address				
MARITAL STATUS	<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> widow / widower	postal address							
nationality	_____						mother tongue _____				
Highest level of education acquired											
<input type="checkbox"/>	Less than primary education										
<input type="checkbox"/>	Primary education										
<input type="checkbox"/>	Lower secondary general education										
<input type="checkbox"/>	Lower secondary vocational education										
<input type="checkbox"/>	Upper secondary general education										
<input type="checkbox"/>	Upper secondary vocational education										
<input type="checkbox"/>	Post-secondary non-tertiary vocational education										
<input type="checkbox"/>	Short-cycle tertiary education										
<input type="checkbox"/>	Bachelor's or equivalent level										
<input type="checkbox"/>	Master's or equivalent level										
<input type="checkbox"/>	Doctoral or equivalent level										
DETAILS OF PROSPECTIVE SPOUSE											
FORENAME	_____										
SURNAME	_____										
PERSONAL IDENTIFICATION CODE											
CITIZENSHIP	_____										
	If he/she do not have an Estonian personal identification code, please enter										
DATE OF BIRTH											
	and SEX _____										
PLACE OF BIRTH	_____										
	country, county, municipality/town										
ADDRESS OF RESIDENCE	_____										
	country, county, municipality / town, village / street, building, flat										
MARITAL STATUS	<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> widow / widower								
CERTIFICATE WILL BE SUBMITTED IN	_____										
	country										
LANGUAGE OF ISSUE OF CERTIFICATE	<input type="checkbox"/> Estonian	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> French	<input type="checkbox"/> Multilingual standard form						
applicant's signature	_____										_____
											date

### TO BE COMPLETED BY THE OFFICIAL

Application accepted on												number	_____
forename and surname of official	_____										signature of official		