

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