

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 _____		_____	
		<small>country that issued the personal identification code</small>	
ADDRESS OF RESIDENCE _____			
<small>country, county, municipality/town, village/street, building, flat</small>			
CONTACT DETAILS _____			
		<small>telephone number</small>	<small>e-mail address</small>
<small>postal address</small>			
MARITAL STATUS <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower			
<input type="checkbox"/> registered partnership <input type="checkbox"/> registered partnership terminated or ended			
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 does not have an Estonian personal identification code, please enter			
DATE OF BIRTH [][][][][][][][][][]		and SEX _____	
PLACE OF BIRTH _____			
<small>country, county, municipality/town</small>			
ADDRESS OF RESIDENCE _____			
<small>country, county, municipality/town, village/street, building, flat</small>			
MARITAL STATUS <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower			
<input type="checkbox"/> registered partnership <input type="checkbox"/> registered partnership terminated or ended			
CERTIFICATE WILL BE SUBMITTED IN _____			
<small>country</small>			
LANGUAGE OF ISSUE OF CERTIFICATE Estonian English German French Multilingual standard form by			
I WOULD LIKE TO RECEIVE THE DOCUMENT <input type="checkbox"/> by picking it up personally <input type="checkbox"/> e-mail			
_____			[][][][][][][][][][]
<small>applicant's signature</small>			<small>date</small>

TO BE COMPLETED BY THE OFFICIAL

Application accepted on [][][][][][][][][][]		number _____	
_____		_____	
<small>forename and surname of official</small>		<small>signature of official</small>	