

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						

	postal address											
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	_____											
	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									
	<input type="checkbox"/> registered partnership	<input type="checkbox"/> registered partnership terminated or ended										
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							
I WOULD LIKE TO RECEIVE THE DOCUMENT	<input type="checkbox"/> by picking it up personally	<input type="checkbox"/> by e-mail										
	_____										_____	
	applicant's signature										date	

TO BE COMPLETED BY THE OFFICIAL

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