APPLICATION FOR ISSUE OF CERTIFICATE OF VITAL STATISTICS EVENT

Complete in Latin script in capital letters

TO BE COMPLETED BY APPLICANT

| FORENAME AND SURNAME | | |
|---|--|--|
| PERSONAL IDENTIFICATION CODE CITIZENSHIP | | |
| If you do not have an Estonian personal identification code, please enter DATE OF BIRTH | | |
| SEX and DATA OF IDENTITY DOCUMENT | | |
| country, type, number, date of issue | | |
| 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 married single divorced widow/widower | | |
| registered partnership registered partnership terminated or ended | | |
| NATIONALITY MOTHER TONGUE | | |
| HIGHEST LEVEL OF EDUCATION ACQUIRED Less than primary education Primary education Lower secondary general education Lower secondary vocational education Upper secondary yocational education Upper secondary vocational education Post-secondary vocational education Post-secondary non-tertiary vocational education Short-cycle tertiary education Bachelor's or equivalent level Master's or equivalent level Doctoral or equivalent level PERSON CONCERNING WHOM A CERTIFICATE IS APPLIED FOR applicant applicant's minor child person under applicant's guardianship deceased spouse or registered partner other person | | |
| PERSONAL IDENTIFICATION CODE OR | | |
| DATE OF BIRTH | | |
| SELECT A CERTIFICATE | | |
| 1. Estonian certificate | | |
| select type ☐ birth certificate ☐ marriage certificate ☐ death certificate ☐ divorce certificate ☐ change of name certificate | | |
| select language | | |
| 2. Multilingual certificate | | |
| select type | | |
| select format | | |
| country in which the document is to be presented | | |
| I WOULD LIKE TO RECEIVE THE DOCUMENT | | |



| ADDITIONAL INFORMATION (date and place of vital event, details of parties) | |
|--|-----------------------|
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| <u></u> | |
| | |
| | |
| | |
| applicant's signature | |
| | |
| TO BE COMPLETED BY THE OFFICIAL | |
| Application accepted on | number |
| | |
| | |
| forename and surname of official | signature of official |