

APPENDIX A - THE REGISTRATION INFORMATION OF A FOREIGNER: MARRIAGE OR REGISTERED PARTNERSHIP



This form must be returned in person to the Digital and Population Data Services Agency, together with the main form "Registration information of a foreigner". If you live in Åland Islands, the form should be returned to the State Department of Åland. The form can not be returned by post or by e-mail.

Viranomaisen
merkintöjä

SPOUSE A

Surname (before the marriage)	Surname (after the marriage)	
Forenames	Finnish personal identity code (or date of birth)	
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Native language	Country of residence	

SPOUSE B

Surname (before the marriage)	Surname (after the marriage)	
Forenames	Finnish personal identity code (or date of birth)	
Citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Native language	Country of residence	

INFORMATION ON THE MARRIAGE/REGISTERED PARTNERSHIP

<input type="checkbox"/> Marriage	<input type="checkbox"/> Same-sex registered partnership	
Place and form of marriage ceremony <input type="checkbox"/> In Finland, church wedding <input type="checkbox"/> In Finland, civil wedding <input type="checkbox"/> Outside Finland, in which country?	The same-sex registered partnership is registered: <input type="checkbox"/> in Finland <input type="checkbox"/> Outside Finland, in which country?	
Date of marriage	Registration date of partnership	
Number of marriage: For spouse A this is the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> _____	For spouse B this is the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> _____	
Were both spouses present at the marriage ceremony? <input type="checkbox"/> Yes <input type="checkbox"/> No, please specify:		

DISSOLUTION (IF APPLICABLE)

Date when the marriage/registered partnership was dissolved:	
Reason for dissolution <input type="checkbox"/> Divorce <input type="checkbox"/> Death of spouse/partner <input type="checkbox"/> Other (please specify):	