



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

CHILD

Surname of the child		Forenames of the child	
Date of birth		Finnish personal identity code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Native language (only one can be registered)	
Contact language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish		If the child's native language is neither Finnish nor Swedish, please indicate the language in which you would like to receive official messages that are not available in your child's native language.	
Country of birth		Place of birth	
Citizenships		Marital status of the child <input type="checkbox"/> Unmarried <input type="checkbox"/> Other, please specify	
This child lives in Finland <input type="checkbox"/> Yes, moved with me now <input type="checkbox"/> Yes, moved to Finland before <input type="checkbox"/> No, lives abroad, in which country:			

PARENT A

Surname		Forenames	
Finnish personal identity code (or date of birth)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
Country of residence		Citizenship	
Relation to the child: <input type="checkbox"/> Birth mother <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Confirmed mother <input type="checkbox"/> Father <input type="checkbox"/> Adoptive father <input type="checkbox"/> Other, please specify:			

PARENT B

Surname		Forenames	
Finnish personal identity code (or date of birth)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
Country of residence		Citizenship	
Relation to the child: <input type="checkbox"/> Birth mother <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Confirmed mother <input type="checkbox"/> Father <input type="checkbox"/> Adoptive father <input type="checkbox"/> Other, please specify:			

RELATIONSHIP BETWEEN CHILD AND PARENTS

The parents are or have been married to each other <input type="checkbox"/> Yes, date of marriage: <input type="checkbox"/> No	
Paternity/maternity confirmed for child born outside of marriage <input type="checkbox"/> Yes, date: <input type="checkbox"/> No	
Adopted child <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth through surrogacy <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody <input type="checkbox"/> Parent A is the child's custodian <input type="checkbox"/> Parent B is the child's custodian <input type="checkbox"/> Parent A and parent B are both custodians (dual custody) <input type="checkbox"/> Other custodians, name and personal identity code:	