



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 and given names	Personal identity code (or date of birth)	
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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: _____		