

Supplementary form - Family members

Also list family members who do not apply for a Schengen visa.

Spouse/partner/cohabitant

If you are married to several people, please give details on a separate sheet.

Family name, First name	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Address	Postcode/-place	Country	

Parents

Family name, First name	Date of birth	Country of residence	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no

Other close relatives

Specify all children C (biological and adopted children), foster children F, siblings S. Use a separate sheet if necessary.

Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no
Family name, First name	Date of birth	Country of residence	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Also travelling <input type="checkbox"/> yes <input type="checkbox"/> no