

Supplementary form – Family details

Royal Norwegian Embassy, Canberra

You must list your parents, spouse/partner/boy-/girlfriend, children and siblings. If any child is not your biological child, you must state your relationship with the child under "other information". You must list all family members, including persons not travelling with you and the person you will be visiting. Use several forms if required.

Applicant's details

Family name	Given names (in full)	Date of Birth (dd/mm/yy)
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Spouse/de facto partner/boy-/girlfriend

Family name		Given names (in full)		
Relationship <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Boy-/girlfriend	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes	
Citizenship	Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parents

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

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Children (I have no children)

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

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Siblings (I have no siblings)

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Family name		Given names (in full)		Date of birth (dd/mm/yy)	Deceased <input type="checkbox"/> Yes
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Country of residence		Also travelling <input type="checkbox"/> Yes <input type="checkbox"/> No

Other information