

APPLICATION

Phone: _____

E-mail: _____

Address: _____

To The Embassy of the Republic of Estonia

Us,

Parent No 1 _____, ____ . ____ . _____

and

Parent No 2 _____, ____ . ____ . _____

wish that the birth of our

child _____, ____ . ____ . _____

(GIVEN NAME(S) + FAMILY NAME, DATE OF BIRTH) would be registered in the Estonian
Population Register.

(date / place)

(1. parent's signature)

(date / place)

(2. parent's signature)