



**Residence Card Application for an EU
Citizen Family Member
(Royal Decree 240/2007)**

Spaces for registration
stamps

THIS IS NOT AN APPLICATION FORM

ITS PURPOSE IS TO FACILITATE FILLING THE OFFICIAL FORM.

TO APPLY FOR ANY OF THESE PERMITS YOU MUST USE THE OFFICIAL SPANISH VERSION FORM.

1) APPLICANT'S DETAILS

Foreigner's ID No. _____ PASSPORT NO. _____

1st Surname _____ 2nd _____

Name _____ Sex ⁽¹⁾ M ☐ F ☐

Date of Birth ⁽²⁾ ____ / ____ / ____ Place _____ Country _____

Father's name _____ Mother's name _____

Nationality _____ Marital status ⁽³⁾ S ☐ M ☐ W ☐ D ☐ Sp ☐

Address in Spain _____ N _____ Flat _____

Town _____ Postal _____ Province _____

Telephone _____ E-mail _____

Legal representative, if applicable. Mr/Ms _____

Paspor _____ National/Foreign _____ Capacity ⁽⁵⁾ _____

2) DETAILS OF THE EU CITIZEN GIVING ENTITLEMENT TO EU RESIDENCY UNDER THE EU REGIME

Foreigner's ID No. _____ Pass ☐ Nati ☐ ⁽⁵⁾

1st _____ 2nd _____

Name _____ Nationality _____

Address in Spain _____ No. _____ Flat _____

Town _____ Postal _____ Province _____

3) DETAILS OF THE PERSON SUBMITTING THE APPLICATION ⁽⁶⁾

Name/Company name _____ Passport _____ National/Foreign _____

Address in Spain _____ N _____ Flat _____

Town _____ Postal _____ Province _____

Telephone _____ E-mail _____

Legal representative, if applicable. Mr/Ms _____

Paspor _____ National/Foreign _____ Capacity ⁽⁵⁾ _____

4) ADDRESS FOR NOTIFICATION PURPOSES

Name/Company name _____ Passport _____ National/Foreign _____

Address in Spain _____ N _____ Flat _____

Town _____ Postal _____ Province _____

Mobile _____ E-mail _____

☐ I request/give my consent that communications and notifications be made by electronic means ⁽⁷⁾

5) APPLICANT'S STATUS IN SPAIN (8)

Envisaged period of residence in Spain _____

Start date of residence in Spain ⁽²⁾ ____ / ____ / ____

☐ **TEMPORARY RESIDENCE**

- ☐ Spouse
- ☐ Registered partnership
- ☐ Child or grandchild <21 years old
- ☐ Child or grandchild >21 years old (dependent or with a disability)
- ☐ Dependent parent or grandparent

☐ **CHANGE**

- ☐ Of personal details
- ☐ Of address
- ☐ Of ID Card/Passport
- ☐ Of status: Widower/widow of an EU citizen with prior residence in Spain
- ☐ Of status: Child and parent until the end of studies when the EU citizen has left the country or has died
- ☐ Other(specify)

☐ **PERMANENT RESIDENCE**

- ☐ Continuous residence in Spain for 5 years
- ☐ Family member of EU worker who has acquired permanent residence
- ☐ Widower/widow of an EU citizen who has resided in Spain continuously for 2 years
- ☐ Widower/widow of an EU citizen who has died as the result of an occupational accident or illness
- ☐ Native Spanish widower/widow who lost Spanish nationality as a result of marriage to the deceased
- ☐ Other(specify)

☐ **PERMIT RENEWAL**

- ☐ Temporary residence permit holder
- ☐ Permanent residence permit holder

☐ **REDUNDANCY**

- ☐ Specify the reason

- ☐ The undersigned declare, responsibly, that they have health insurance that provides coverage in Spain for their period of residence, which is equivalent to that which is provided by the National Health System.
- ☐ The undersigned are responsible for the truthfulness of the information provided and of the supporting documentation. Likewise, [they] authorize the verification of the information provided and to that effect, to request information from the competent authorities.



....., on of of

SIGNATURE OF THE EU CITIZEN

SIGNATURE OF THE APPLICANT (or legal representative, if applicable)

INSTRUCTIONS FOR COMPLETION

**PLEASE FILL OUT THIS FORM IN BLOCK CAPITAL LETTERS USING A BLACK BALL-POINT PEN OR TYPE.
RETURN ORIGINAL AND COPY OF THIS FORM**

- (1) Tick the appropriate box. **Male / Female**
- (2) Fill in using 2 digits for the day, 2 for the month and 4 for the year in the following order (dd/mm/yyyy)
- (3) Tick the appropriate box. **Single / Married / Widow(er) / Divorced / Separated**
- (4) Indicate in which capacity he/she is the legal representative, for example, Father/Mother of the minor, Guardian...
- (5) Tick the appropriate box. Tick the appropriate box. **Foreigner's Identification Number/ Passport/ National ID Card**
- (6) Fill in only in the case of a person other than the applicant
- (7) Under Law 11/2007 and the Fourth Additional Provision of Royal Decree 557/2011, legal persons and groups of natural persons who, due to their economic or technical capability, professional dedication or other justified grounds, are guaranteed access to and availability of the necessary technological media, are obligated to receive notifications via this medium.
- (8) Tick the appropriate box

Specific information on the formalities to be completed and documentation that must accompany this application form for each of the procedures referred to herein (FACTSHEETS), is available on any of the following websites:

<http://extranjeros.empleo.gob.es/es/> **Information on formalities and procedures - Factsheets**

<http://extranjeros.empleo.gob.es/es/InformacionInteres/InformacionProcedimientos/>

In accordance with Art. 5.1 of Organic Law 15/1999, it is informed that the information provided by the interested parties that is necessary to decide on their request, shall be incorporated into a file addressed to the General State Administration bodies in charge of immigration, being responsible for same the Directorate-General of Migration, the Directorate-General of Police and Government Delegations or Sub-delegations. The interested party may exercise his/her right of access, rectification, cancellation and opposition to the aforementioned bodies.

The official forms may be reproduced using any print media.

They will be available from the Units in charge of their management and on the information web page of the Ministry of Employment and Social Security
<http://extranjeros.empleo.gob.es/es/>

THIS APPLICATION FORM IS FREE OF CHARGE. ITS SALE IS PROHIBITED.