

Information about the death of a spouse

You must fill out this form even though you have previously answered the questions.

The woman

First name(s):
Surname:
Name before marriage:
Nationality:
Date of birth/CPR number:

The man

First name(s):
Surname:
Nationality:
Date of birth/CPR number:

The death

Where did your spouse die (country, region, town)?	
When did your spouse die?	
Were there any witnesses to the death?	
When and how were you informed about the death?	

Death certificate

Can you obtain the original death certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you cannot obtain the original death certificate: What is the reason why you cannot obtain the original death certificate? Would you be able to obtain a copy of the certificate? (If necessary, continue writing on the back of this page):	

Refugee status

Are you a refugee?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What country did you seek refuge from?	
When were you granted refugee status?	
Your alien's number:	
Have you applied for asylum but not yet received a residence permit?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Collection of information

I hereby permit the State Administration, the local authority and the Division of Family Affairs to request my case file from the Danish Immigration Service/Ministry of Employment: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Your alien's number:	
I accept that questions about the authenticity of any documents of the file will be submitted to the Danish National Police or other police authority.	<input type="checkbox"/> No <input type="checkbox"/> Yes
I accept that the case will be submitted to:	
- the Danish embassy of my home country:	<input type="checkbox"/> No <input type="checkbox"/> Yes
- the Danish embassy of the country in which my spouse died:	<input type="checkbox"/> No <input type="checkbox"/> Yes
- the authorities of my home country:	<input type="checkbox"/> No <input type="checkbox"/> Yes
- the authorities of the country in which my spouse died:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you reply 'No' to the above, please state your reason(s):	

Date:	Signature:
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