

### Information about divorce abroad

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 divorce

Where were you divorced (country, town)?	
What authority granted the divorce (judicial or administrative authority)?	
When were you divorced?	
If the divorce was granted by judgment, were both you and your spouse informed of the matter or present at the trial (or represented by counsel)?	
Was the divorce decree appealed?	<input type="checkbox"/> No <input type="checkbox"/> Yes

#### Divorce certificate

Can you obtain the original divorce certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you cannot obtain the original divorce certificate: What is the reason why you cannot obtain the original divorce certificate?	

Would you be able to obtain a copy of the certificate? (If necessary, continue writing on the back of this page):	
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**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 the divorce was granted:	<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 the divorce was granted:	<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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