

Please send a digital colour photograph
ppa@politsei.ee:

- minimum resolution of at least 1300 x 1600 pixels
- file size 1 – 5 MB
- file format JPG

An applicant of at least 15 years of age shall sign in the space provided. An applicant from 7 to 14 years of age, or a grown-up applicant with restricted legal capacity, may sign in the space provided. In the case of an applicant under 7 years of age, or a person who is incapable of signing, the space for signature shall remain blank.

The sample signature shall be written in dark ink and the signature must not cross the borders of the signature box.

APPLICATION FOR IDENTITY DOCUMENTS

To be completed in capital letters. Names of a person must be written in Latin letters in the same form as in the person's identity document. Corrections are not allowed. If there is no data, make a dash. Fields marked with an asterisk are optional.

PERSONAL DATA			
Given name or names		Surname or names	
Estonian personal code or date of birth (dd.mm.yyyy)	Gender ☐ male ☐ female	Country of birth (please indicate the current name of the country)	
Citizenship or citizenships		Education* (state the highest graduated educational level)	
Nationality*		Native language*	

CONTACTS	
Country (Contact address and Zip code only when applying for the first time)	
E-mail	Phone number

DOCUMENTS BEING APPLIED FOR AND PICK-UP LOCATIONS The documents shall be issued to the applicant, his/her legal representative or authorised person.		
☐ Identity card Expiry of document Lost/destroyed/stolen	First application Data changed Document unusable	Pick-up location
☐ Estonian citizen's passport Expiry of document Lost/destroyed/stolen	First application Data changed Document unusable	Pick-up location

LEGAL REPRESENTATIVE An application for a child under 15 years of age or a person with restricted active legal capacity shall be submitted by his/her legal representative. An applicant who is at least 15 years old can submit the application independently.	
Given name and surname or names of representative	Estonian personal code or date of birth (dd.mm.yyyy)
Name of the representing institution	Register code of the representing institution

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable. I confirm, that I agree to the terms and conditions for use of certificates, available at www.id.ee/termsandconditions , when applying for an ID-card.	
Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative

SHALL BE COMPLETED BY AN OFFICIAL	
Accepted for procedure (dd.mm.yyyy)	Name, signature