



# UTL

ÚTLENDINGASTOFNUN  
DIRECTORATE OF IMMIGRATION

**D-106**

Móttakið:

Málsnúmer:

## RESIDENCE PERMIT FOR PARENTS 67 YEARS OF AGE AND OLDER APPLICATION FOR FIRST PERMIT

Please fill out this form carefully and remember to sign it. An application form that is not filled out in a satisfactory manner may result in delays of the procedure or in the application being denied.

### Applicant

|                           |  |
|---------------------------|--|
| Name                      |  |
| Date of birth (dd.mm.yy.) |  |

### For whom is the application form?

The form is only intended for an individual, age 67 years or older, who has an adult child living in Iceland, and plans to move to Iceland. Information about the right to family reunification can be found on the Directorate's website, [www.utl.is](http://www.utl.is).

### What documents must be included with the first application?

Information on necessary supporting documents and document requirements can be found on the Directorate's website. It is important to read the information thoroughly. You can also use the checklist at the end of this form.

### How to apply?

Applications can only be submitted in paper form.

They can either be sent by regular mail to the Directorate of Immigration or delivered to the drop box in the Directorate's reception in Dalvegur 18, 201 Kópavogur. It is necessary to first pay the processing fee by bank transfer and submit the payment receipt with the application for confirmation. An unpaid application will be returned to the applicant.

Applications can also be handed in and paid for in the Directorate's reception or at the offices of District Commissioners outside the capital area.

### Application processing

It is the applicant's responsibility to submit satisfactory documents with an application. If satisfactory documents are not received, this may lead to delays in processing or rejection of the application.

Applications and supporting documents are not assessed upon reception and registration. The Directorate of Immigration contacts the applicant or his/her agent if further documents or information is needed for processing the application.

The Directorate of Immigration forwards an application for a work permit and employment contract to the Directorate of Labor for processing, if applicable.

Information about processing time can be found on the Directorate's website.

## 1. Residence permit

Provide information on whether you are applying for a first residence permit or a change on the basis of a residence permit. Generally, first residence permits are granted for one year.

I am applying for:

- ☐ a) First residence permit
- ☐ b) A permit on new grounds

## 2. Ties with Iceland or other Schengen countries

If your application will be denied and you are still in Iceland the Directorate of Immigration is obligated to issue an expulsion. With a decision on expulsion the Directorate generally issues a period of voluntary departure. If you do not leave the country within the given period of voluntary departure an entry ban is activated, which is usually valid for the entire Schengen-area. Hereby you are given the opportunity to provide information that may be relevant to the expulsion decision and to object to that decision. If you do not fill in this part of the application form, it is regarded as you do not object to an expulsion if your application will be denied. If there are any changes in your circumstances, it is important that you inform the Directorate as soon as possible so that can be taken into account.

Do you have any ties with Iceland or other countries within the Schengen-area? ☐ Yes ☐ No

If yes, what ties?

Are there any reasons that could lead to that a decision on an expulsion and an entry ban to the Schengen-area would be considered an unfair measure towards you or other members of your family? ☐ Yes ☐ No

If yes, what reasons?

## 3. Applicant's details

|                                                     |            |                          |              |                          |                                 |
|-----------------------------------------------------|------------|--------------------------|--------------|--------------------------|---------------------------------|
| Given name                                          |            |                          |              |                          |                                 |
| Surname                                             |            |                          |              |                          |                                 |
| Former names (if applicable)                        |            |                          |              |                          |                                 |
| <b>Gender (in passport)</b>                         |            | <b>Marital status</b>    |              |                          |                                 |
| <input type="checkbox"/>                            | Male       | <input type="checkbox"/> | Unmarried    | <input type="checkbox"/> | Widow/widower                   |
| <input type="checkbox"/>                            | Female     | <input type="checkbox"/> | Cohabitation | <input type="checkbox"/> | Separated                       |
| <input type="checkbox"/>                            | Non-binary | <input type="checkbox"/> | Married      | <input type="checkbox"/> | Divorced                        |
| Place of birth (city)                               |            |                          |              |                          |                                 |
| Country of birth                                    |            |                          |              |                          |                                 |
| Current nationality/nationalities                   |            |                          |              |                          |                                 |
| Are both or one of your parents Icelandic citizens? |            |                          |              | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

**Address, email and telephone number in home country**

The information will be used to contact the applicant; therefore it is important that the information is correct. If the information changes during the processing of the application, the Directorate of Immigration should be notified by email [utl@utl.is](mailto:utl@utl.is).

|                       |  |
|-----------------------|--|
| Address               |  |
| Postal code and place |  |
| Country               |  |
| Telephone number      |  |
| Email address         |  |

**Address and telephone number in Iceland**

A condition for the issuance of residence permits is that applicants state their place of stay in Iceland. The stated address will be registered as their legal domicile by Registers Iceland. The information will also be used to contact the applicant; therefore it is important that the information is correct. If the information changes during the processing of the application, the Directorate of Immigration should be notified by email [utl@utl.is](mailto:utl@utl.is). After a permit has been issued any changes of address must be reported to Registers Iceland.

|                                              |  |
|----------------------------------------------|--|
| Address and apartment number (if applicable) |  |
| Postal code and city                         |  |
| Telephone number                             |  |

☐

Address not yet known. Notification of residence in Iceland will be handed in after arrival in Iceland e.g. when applicant attends the required photoshoot.

**4. Residence****Residence abroad**

Where have you lived over the last five (5) years?

|    | Country | Date from (dd.mm.yy.) | Date to (dd.mm.yy.) |
|----|---------|-----------------------|---------------------|
| 1. |         |                       |                     |
| 2. |         |                       |                     |
| 3. |         |                       |                     |
| 4. |         |                       |                     |
| 5. |         |                       |                     |
| 6. |         |                       |                     |

**Residence in Iceland**

Only applicable for those applying for first permit.

|                                                                |                                                          |  |
|----------------------------------------------------------------|----------------------------------------------------------|--|
| When do you intend to come to Iceland?                         | State the date (dd.mm.yy.)                               |  |
| <input type="checkbox"/> Have arrived in Iceland               | When did you arrive? (dd.mm.yy.)                         |  |
| Have you ever applied for a visa to come to Iceland?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Have you previously applied for a residence permit in Iceland? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |



Have you been in Iceland before? If yes, then when and how long? (If you need more space for further information, please use section 10 in this form).

☐

Yes

☐

No

## 5. Applicant's spouse or cohabiting partner

☐

I don't have a spouse or cohabiting partner

|                              |  |                                                      |  |
|------------------------------|--|------------------------------------------------------|--|
| Given name                   |  |                                                      |  |
| Surname                      |  |                                                      |  |
| Former names (if applicable) |  |                                                      |  |
| Birth date (dd.mm.yy.)       |  |                                                      |  |
| Citizenship                  |  |                                                      |  |
| Date of marriage (dd.mm.yy.) |  | Date of the registration of cohabitation (dd.mm.yy.) |  |

## 6. Applicant's children

The residence permit is based on family reunification with an adult child residing in Iceland. Please state information about your children, both residing in Iceland and abroad.

|    | Given name | Surname | Date of birth (dd.mm.yy.) | Citizenship | Gender (in passport)     |                          |                          | Is the child in Iceland? |                          |
|----|------------|---------|---------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    |            |         |                           |             | Female                   | Male                     | Non-binary               | Yes                      | No                       |
| 1. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. |            |         |                           |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. Applicant's relatives in Iceland

State whether you have other relatives in Iceland.

☐

I have no other relatives/family in Iceland

I have the following relatives/family members in Iceland:

|    | Given name | Surname | Date of birth (dd.mm.yy.) | Nationality | State kinship |
|----|------------|---------|---------------------------|-------------|---------------|
| 1. |            |         |                           |             |               |
| 2. |            |         |                           |             |               |



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|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

## 8. Language skills and education

### Language skills

|                 |  |
|-----------------|--|
| Native language |  |
| Other language  |  |

### Education level

Please check all the applicable boxes, however, only stating education that is completed.

|                          |                                     |                     |  |
|--------------------------|-------------------------------------|---------------------|--|
| <input type="checkbox"/> | None or less than primary school    |                     |  |
| <input type="checkbox"/> | Primary school                      | Year of graduation: |  |
| <input type="checkbox"/> | Secondary school                    | Year of graduation: |  |
| <input type="checkbox"/> | Secondary school, additional levels | Year of graduation: |  |
| <input type="checkbox"/> | University, less than BA/BS degree  | Year of graduation: |  |
| <input type="checkbox"/> | University, BA/BS degree            | Year of graduation: |  |
| <input type="checkbox"/> | University, master's degree         | Year of graduation: |  |
| <input type="checkbox"/> | University, doctorate degree        | Year of graduation: |  |

### Fields of study, highest education

Check only one box.

|                          |                                                   |                          |                                                         |
|--------------------------|---------------------------------------------------|--------------------------|---------------------------------------------------------|
| <input type="checkbox"/> | General studies                                   | <input type="checkbox"/> | IT and communication                                    |
| <input type="checkbox"/> | Education                                         | <input type="checkbox"/> | Civil engineering, production and construction          |
| <input type="checkbox"/> | Arts and humanities                               | <input type="checkbox"/> | Agriculture, forestry, fisheries and veterinary studies |
| <input type="checkbox"/> | Social science, journalism and information theory | <input type="checkbox"/> | Health                                                  |
| <input type="checkbox"/> | Business, administration and law                  | <input type="checkbox"/> | Welfare                                                 |
| <input type="checkbox"/> | Science, mathematics and statistics               | <input type="checkbox"/> | Service                                                 |

## 9. Criminal record

Applicants must submit a criminal record certificate issued by their country of residence. The certificate may not be older than 12 months when submitted.

### A. Have you been fined or sentenced to imprisonment?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | No  |
| <input type="checkbox"/> | Yes |



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State the offence:

In what country?

When?

What penalty did you receive?

#### B. Do you have the status of a suspect in a police investigation?

☐ No

☐ Yes

State the offence:

In what country?

When?

#### C. Have you been subject to a re-entry ban into the Schengen Area?

☐ No

☐ Yes      In what country?

Is the ban still in effect?

☐ No. When was it in effect?

☐ Yes. When does the ban expire?

### 10. Additional information

If you have further information of significance regarding your application, please state it in the box below.



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## 11. Visa

This section only applies to those who are not in Iceland. If you need a visa to come to Iceland, indicate in what country/city you would prefer to get your visa. Iceland is not represented everywhere, and you may need to pick up the visa in another country than you live in.

## 12. Agent

You only need to fill in this part of the application if you want to give power of attorney to an agent during the processing of this application. You can only have one agent at a time. If you wish to cancel or change your agent, you must communicate this in writing to the Directorate of Immigration.

### Information about the agent

|                           |  |
|---------------------------|--|
| Agent's name              |  |
| ID-number / Date of birth |  |
| Address                   |  |
| Phone number              |  |
| Email address             |  |
| Security number*          |  |

**\*A four digit security number** must be provided for the purpose of obtaining information about the applicant's case from the Directorate of Immigration. The security number should be treated like a password and only be known to the person concerned.

## 13. Did you remember everything?

The Directorate recommends that you use the checklist below to make sure your application is satisfactory.

### Applicant's checklist

|                          |                                                                                                                                                                                                                                                                                                                 |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Payment receipt</b> (if the application will be sent by mail or delivered to the drop box at Dalvegur 18 and therefore paid for in a bank).                                                                                                                                                                  |
| <input type="checkbox"/> | <b>Passport photo</b> (35 mm x 45 mm).                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <b>Copy of passport</b> (personal information page and signature page). The passport must be valid at least 90 days beyond the validity of the permit applied for.                                                                                                                                              |
| <input type="checkbox"/> | <b>Copy of criminal record certificate</b> from country of residence. The certificate may not be older than 12 months when application is submitted.                                                                                                                                                            |
| <input type="checkbox"/> | <b>Translation of the criminal record certificate by an authorized translator</b> (only applies if foreign certificates are in another language than English or a Nordic language). If the translator has not been legally certified in Iceland, the original of the translation must be legally authenticated. |



|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Health insurance confirmation</b> , valid for 3 months, with a minimum coverage of ISK 2,000,000 (from an insurance company authorized to operate in Iceland).                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <b>Documents on support</b> , confirming secure support during the period of residence. If an applicant is unable to demonstrate independent means of support, the applicant's child may submit data showing secure means of support for the applicant. Information about which documents may demonstrate secure means of support is contained on the website of the Directorate of Immigration, <a href="http://www.utl.is">www.utl.is</a> . |
| <input type="checkbox"/> | <b>Birth certificate of the applicant's child</b> . Confirmed copy of the original birth certificate of the applicant's child that is residing in Iceland. Note there is a requirement for the document to be legally authenticated, if the certificate is issued abroad.                                                                                                                                                                     |
| <input type="checkbox"/> | <b>Confirmed copy or the original translation by an authorized translator of the birth certificate</b> (only applies if foreign certificates are in another language than English or a Nordic language). If the translator has not been legally certified in Iceland, the original of the translation must be legally authenticated.                                                                                                          |
| <input type="checkbox"/> | <b>Application for work permit</b> on grounds of family reunification and an employment contract, (if applicable). An application for a work permit and an employment contract must be submitted in original format and signed by both the applicant and the employer.                                                                                                                                                                        |
| <input type="checkbox"/> | <b>The applicant has signed the application.</b>                                                                                                                                                                                                                                                                                                                                                                                              |

### I wish that the Directorate contacts me through:

|                          |       |                          |              |
|--------------------------|-------|--------------------------|--------------|
| <input type="checkbox"/> | Email | <input type="checkbox"/> | Regular mail |
|--------------------------|-------|--------------------------|--------------|

## 14. Date and signature

The Directorate of Immigration may obtain further information about you from domestic and / or foreign parties if this is necessary for the application in order to ensure that the information is correct and / or to verify the validity of certificates. The Act no. 90/2018 on Data Protection and the Processing of Personal Data is always respected when gathering information. The Directorate of Immigration, the Immigration and Asylum Appeals Board, Registers Iceland, child protection authorities and the police are permitted to process and combine personal information in accordance with the instructions of the Act on Foreigners and Act on Data Protection and the Processing of Personal Data. In addition, the same parties may obtain information from the tax authorities, the Directorate of Labor and municipalities' social services to ensure that your stay is legal.

If a residence permit is granted, the Directorate of Immigration will forward information to Registers Iceland that is necessary for registration in the National Registry.

Information about you may be used in the processing of later applications and / or applications from family members to ensure that the information is correct. During the period of validity of a residence permit, the Directorate of Immigration may examine your data if information about changed circumstances or the validity of documents is received. Incorrect or misleading information can lead to a residence permit rejection, revocation and possibly an expulsion. Incorrect provision of information to the Directorate of Immigration is a violation of the Act on Foreigners and punishable under the General Penal Code no. 19/1940.

The Directorate of Immigration's Data Protection Policy is available on the Directorate's website.

Applicants who move to Iceland from certain countries must undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health. If you do not go for a medical examination, a residence permit will not be issued.

|                          |                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>I confirm that I have read the information above and that the information I have provided regarding the application for a residence permit is true and correct.</b>                |
| <input type="checkbox"/> | <b>I agree to undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health, if applicable.</b> |

### Place, date and signature

|       |  |
|-------|--|
| Place |  |
| Date  |  |



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|                                        |                      |  |
|----------------------------------------|----------------------|--|
| Applicant's signature                  |                      |  |
| <b>Who filled out the application?</b> |                      |  |
| <input type="checkbox"/>               | Applicant            |  |
| <input type="checkbox"/>               | Agent                |  |
| <input type="checkbox"/>               | Another person, who? |  |
| Connection to the applicant?           |                      |  |

### 15. To be filled in by the applicant's child

The Directorate of Immigration obtains the criminal record of the family member on which the application is based and contacts the applicant in case the record entails a violation of section XXI-XXIV of the Icelandic Penal Code no. 19/1940. This is done to see if the conditions of paragraph 3 Article 69 of the Foreign Nationals Act are met. The provision states: A residence permit on grounds of family reunification will not be granted if the family member on whom the application is founded has in the last five years been convicted or subjected to security measures for violations under the measures provided in Sections XXI-XXIV of the Icelandic Penal Code, unless refusal of a residence permit would constitute an unfair measure against him/her or his/her immediate family. The same applies in the case of violations of art. 232, 232a and 233b of the Icelandic Penal Code.

|                               |                                                                                                             |  |
|-------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/>      | <b>I confirm that I have read the information above.</b><br><b>I give my approval for this application.</b> |  |
| Place                         |                                                                                                             |  |
| Date                          |                                                                                                             |  |
| Applicant's child's signature |                                                                                                             |  |