**The alien is a first-degree relative in the direct ascending line of an alien in possession of a residence permit**

**(Article 43 Part 1 Point 6 of the Law on the Legal Status of Aliens)**

**** [**The determined form request to amend the temporary residence permit in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=2052)**.** *The request is submitted via the Lithuanian Migration Information System (MIGRIS);*

** Valid travel document (passport);**

**** **[Document affirming](http://www.migracija.lt/l.php?tmpl_into[0]=index&tmpl_name[0]=m_site_index178&tmpl_into[1]=middle&tmpl_id[1]=1195)****[, that the alien has sufficient funds and/or receives regular income,](http://www.migracija.lt/l.php?tmpl_into[0]=index&tmpl_name[0]=m_site_index178&tmpl_into[1]=middle&tmpl_id[1]=1195)** [**which is sufficient in order to live in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=1195)**, e.g., the undertaking of the child to ensure sufficient subsistence funds of the alien in the Republic of Lithuania and their** ***bank certificate regarding funds*\* or *employment contract*. The signature of the obligating person must be affirmed by the notary or the employee of Migration Department when the person arrives at the Migration Department. The value of subsistence funds is one minimum wage per month. There should be enough funds for the whole duration of the requested temporary residence permit or for at least one year.**

**** **The undertaking of the alien, that they will declare their place of residence in the dwelling, the residential area of which for one adult person, who declared their place of residence therein, will be no less than 7 square meters;**

** Health insurance, which guarantees the payment for emergency health care services expenses and expenses that may occur, due to the return of the alien to the foreign country for health-related reasons (transportation, including, the escort of personal health care specialist(s)) and the insurance must be valid for the whole duration of the requested temporary residence permit or for at least one year\*.**

**Health insurance is not needed, if compulsory health insurance installments are paid for the alien.**

**The alien may submit the health insurance at their own choosing:**

* **By filling-out the request via ‘MIGRIS’;**
* **By arriving at the booked visitation time to the Migration Department in order to submit documents and biometric data.**

**or**

 **In the case established in the 16 July 2008 Government of the Republic of Lithuania Decree No. 715 “Regarding the Undertaking to Pay for the Health Care Services Expenses Provided to the Alien for the Duration of Their Stay in the Republic of Lithuania” (for example, *the alien is older than 75*), the undertaking signed by the citizen of the Republic of Lithuania residing in the Republic of Lithuania or alien to pay for the health care services expenses provided to the alien for the duration of their stay in the Republic of Lithuania and no less than 3 letters of insurance companies affirming that due to the old age or health condition of the alien health insurance is refused to be provided to them. The signature of the obligating person must be affirmed by the notary or the employee of Migration Department when the person arrives at the Migration Department;**

** *If another person paid the public fees for the alien*: the extended form of the payment order of the paid public fees, wherein the name(s), surname(s), personal identification number or date of birth of the alien, for whom the payment was made, is indicated.**

I have checked whether all of the necessary documents in regards to the issuing of the temporary residence permit were submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 (Citizenship, name(s), surname(s) and date of birth of the alien)

and I have accepted/not-accepted them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name(s) and surname(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Documents issued abroad must be translated in to Lithuanian and the translations must be affirmed by the person or institution having the right to testify the translation from one language to another. Bank certificate and document affirming the health insurance may be submitted written in original English language or the English language translation from another language may be submitted, which is affirmed by the person or institution having the right to testify the translation from one language to another.**