



**MANAGEMENT CENTRE  
SUB-SECRETARIAT OF  
JUSTICE**

**ADMINISTRATIVE FEES**

**Form  
790**

AREA **0 0 6**

|                           |   |   |                               |                                      |                                      |                       |
|---------------------------|---|---|-------------------------------|--------------------------------------|--------------------------------------|-----------------------|
| <b>Identification (1)</b> | Space reserved for the identifying label of the taxable person<br>If you do not have labels, please enter the data requested below. |   | Accrual                       |                                      | Financial year.....                  |                       |
|                           |   |   | <b>Receipt No.<br/>790006</b> |                                      |                                      |                       |
|                           | 1. National ID/ Foreigner's ID No./ Passport  | 2. APPLICANT'S FIRST SURNAME.   | 3. SECOND SURNAME.            |                                      | 4. GIVEN NAME.                       |                       |
|                           | 5. ADDRESS: NAME OF STREET/SQUARE/AVENUE  |   |                               | 6. NUMBER                            | 7. STAIRWAY                          | 8. FLOOR              |
|                           | 11. ADDRESS: MUNICIPALITY.  |   |                               | 12. ADDRESS: PROVINCE.               |                                      | 13. ADDRESS: COUNTRY. |
| 15. E-MAIL                |   | 16. CODE OF THE NOTARY'S OFFICE (code for land registry purposes)<br>(to only be completed by the notaries in the certificates requested) |                               |                                      | 14. TELEPHONES, FIXED AND/OR MOBILE. |                       |
|                           |   |   |                               | 10. TELEPHONES, FIXED AND/OR MOBILE. |                                      |                       |
|                           |   |   |                               | 14. POSTCODE.                        |                                      |                       |

**CERTIFICATES REQUESTED (please mark with an X)**

**17. Criminal record**  (Fill in data in section B)    
**18. Last Wills and Testaments**  (Fill in data in section C)    
**19. Life Insurance Policy Coverage**  (Complete data in section C)

**A. INDICATE WHETHER THE CERTIFICATE IS TO BE VALID ABROAD:**

|                             |   |
|-----------------------------|---|
| 20. COUNTRY OF DESTINATION. | 21. AUTHORITY OR ENTITY BEFORE WHICH IT IS TO BE VALID. |
|-----------------------------|---|

**B. DETAILS OF THE NATURAL OR LEGAL PERSON, OR ENTITY WITHOUT LEGAL PERSONALITY, FOR WHICH THE CRIMINAL RECORD CERTIFICATE IS BEING REQUESTED.**

|   |  |                          |  |
|---|--|--------------------------|--|
| 22. Spanish National ID/ Company Tax ID/ Foreigner's ID/ Passport | 23. SURNAME 1 OR CORPORATE NAME.       | 24. SURNAME 2.           |  |
| 25. GIVEN NAME.   | 26. DATE OF BIRTH.                     | 27. TOWN/CITY OF BIRTH.. |  |
| 28. PROVINCE/COUNTRY OF BIRTH.                                    | 29. COUNTRY OF NATIONALITY.            | 30. FATHER'S GIVEN NAME. |  |
| 31. MOTHER'S GIVEN NAME:  | 32. PURPOSE FOR WHICH IT IS REQUESTED. |                          |  |

**C. INFORMATION REGARDING THE PERSON FOR WHOM THE CERTIFICATE OF LAST WILL AND TESTAMENT AND/OR LIFE INSURANCE COVERAGE POLICIES ARE BEING REQUESTED.**

|  |                                       |                    |                            |
|--|---------------------------------------|--------------------|----------------------------|
| 33. National ID/Foreigner's ID No.   | 34. SURNAME 1 OF THE DECEASED PERSON. | 35. SURNAME 2.     | 36. GIVEN NAME.            |
| 37. DATE OF DEATH.   | 38. TOWN/CITY OF DEATH.               | 39. DATE OF BIRTH. | 40. TOWN/CITY OF BIRTH.    |
| 41. ONLY FOR THE CERTIFICATE OF LAST WILL AND TESTAMENT: IF YOU KNOW THE FOLLOWING INFORMATION ABOUT THE WILL AND/OR THE SPOUSE, PLEASE PROVIDE IT |                                       |                    |                            |
| DATE OF WILL   | NOTARY PUBLIC                         | PLACE OF EXECUTION | FULL NAME OF THE SPOUSE(S) |

|                      |                                   |                    |  |
|----------------------|-----------------------------------|--------------------|--|
| <b>INFORMANT (3)</b> | ....., at ..... of ..... 20 ..... | <b>DEPOSIT (4)</b> | Payment deposited in favour the Treasury, restricted A.E.A.T. account for FEE collection           |
|                      | <b>Signature:</b>                 |                    | AMOUNT in euros:   |
|                      |                                   |                    | Method of payment: In cash <input type="checkbox"/> C.E. debit in account <input type="checkbox"/> |
|                      |                                   |                    | Client account code (CCC)  |
|                      | Entity Branch CD Account number   |                    |  |

VALIDATION BY COLLABORATING ENTITY: this document shall not be deemed valid without mechanical certification or, failing that, authorised signature



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|                           |   |   | <b>Receipt No.<br/>790006</b> |           |                       |          |               |                                      |
|                           | 1. National ID/ Foreigner's ID No./ Passport  | 2. APPLICANT'S FIRST SURNAME.   | 3. SECOND SURNAME.            |           | 4. GIVEN NAME.        |          |               |                                      |
|                           | 5. ADDRESS: NAME OF STREET/SQUARE/AVENUE  |   |                               | 6. NUMBER | 7. STAIRWAY           | 8. FLOOR | 9. DOOR NO.   | 10. TELEPHONES, FIXED AND/OR MOBILE. |
|                           | 11. ADDRESS: MUNICIPALITY.  |   | 12. ADDRESS: PROVINCE.        |           | 13. ADDRESS: COUNTRY. |          | 14. POSTCODE. |                                      |
| 15. E-MAIL                |   | 16. CODE OF THE NOTARY'S OFFICE (code for land registry purposes)<br>(to only be completed by the notaries in the certificates requested) |                               |           |                       |          |               |                                      |

**CERTIFICATES REQUESTED (please mark with an X)**

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**18. Last Wills and Testaments**  (Fill in data in section C)    
**19. Life Insurance Policy Coverage**  (Complete data in section C)

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**B. DETAILS OF THE NATURAL OR LEGAL PERSON, OR ENTITY WITHOUT LEGAL PERSONALITY, FOR WHICH THE CRIMINAL RECORD CERTIFICATE IS BEING REQUESTED.**

|   |                                  |  |                          |
|---|----------------------------------|--|--------------------------|
| 22. Spanish National ID/ Company Tax ID/ Foreigner's ID/ Passport | 23. SURNAME 1 OR CORPORATE NAME. | 24. SURNAME 2.                         |                          |
| 25. GIVEN NAME.   |                                  | 26. DATE OF BIRTH.                     | 27. TOWN/CITY OF BIRTH.. |
| 28. PROVINCE/COUNTRY OF BIRTH.                                    | 29. COUNTRY OF NATIONALITY.      |  | 30. FATHER'S GIVEN NAME. |
| 31. MOTHER'S GIVEN NAME:  |                                  | 32. PURPOSE FOR WHICH IT IS REQUESTED. |                          |

**C. INFORMATION REGARDING THE PERSON FOR WHOM THE CERTIFICATE OF LAST WILL AND TESTAMENT AND/OR LIFE INSURANCE COVERAGE POLICIES ARE BEING REQUESTED.**

|  |                                       |                    |                            |
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| 33. National ID/Foreigner's ID No.   | 34. SURNAME 1 OF THE DECEASED PERSON. | 35. SURNAME 2.     | 36. GIVEN NAME.            |
| 37. DATE OF DEATH.   | 38. TOWN/CITY OF DEATH.               | 39. DATE OF BIRTH. | 40. TOWN/CITY OF BIRTH.    |
| 41. ONLY FOR THE CERTIFICATE OF LAST WILL AND TESTAMENT: IF YOU KNOW THE FOLLOWING INFORMATION ABOUT THE WILL AND/OR THE SPOUSE, PLEASE PROVIDE IT |                                       |                    |                            |
| DATE OF WILL   | NOTARY PUBLIC                         | PLACE OF EXECUTION | FULL NAME OF THE SPOUSE(S) |

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| <b>INFORMANT (3)</b> | ....., at ..... of ..... 20 .....        | <b>DEPOSIT (4)</b> | Payment deposited in favour the Treasury, restricted A.E.A.T. account for FEE collection           |
|                      | <b>Signature:</b>                        |                    | AMOUNT in euros:   |
|                      |  |                    | Method of payment: In cash <input type="checkbox"/> C.E. debit in account <input type="checkbox"/> |
|                      |  |                    | Client account code (CCC)  |
|                      | Entity    Branch    CD    Account number |                    |  |

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**NOTE: BEFORE FILLING IN THE DATA, PLEASE READ THE INSTRUCTIONS OVERLEAF**

**Copy for the interested party.**



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|                           |   |  |   |                        |  |                       |                      |                                    |                                      |  |
|---------------------------|---|--|---|------------------------|--|-----------------------|----------------------|------------------------------------|--------------------------------------|--|
| <b>Identification (1)</b> | Space reserved for the identifying label of the taxable person<br>If you do not have labels, please enter the data requested below. |  | Accrual   |                        | Financial year..... <input type="text"/> |                       |                      |                                    |                                      |  |
|                           |   |  | <b>Receipt No.</b>  |                        | <b>790006</b>                            |                       |                      |                                    |                                      |  |
|                           | 1. National ID/ Foreigner's ID No./ Passport  |  | 2. APPLICANT'S FIRST SURNAME.   |                        | 3. SECOND SURNAME.                       |                       | 4. GIVEN NAME.       |                                    |                                      |  |
|                           | 5. ADDRESS: NAME OF STREET/SQUARE/AVENUE  |  |   |                        | 6. NUMBER                                | 7. STAIRWAY           | 8. FLOOR             | 9. DOOR NO.                        | 10. TELEPHONES, FIXED AND/OR MOBILE. |  |
|                           | 11. ADDRESS: MUNICIPALITY.  |  |   | 12. ADDRESS: PROVINCE. |  | 13. ADDRESS: COUNTRY. |                      | 14. POSTCODE. <input type="text"/> |                                      |  |
|                           | 15. E-MAIL  |  | 16. CODE OF THE NOTARY'S OFFICE (code for land registry purposes)<br>(to only be completed by the notaries in the certificates requested) |                        |  |                       | <input type="text"/> |                                    |                                      |  |

**CERTIFICATES REQUESTED (please mark with an X)**

**17. Criminal record**  (Fill in data in section B)     
**18. Last Wills and Testaments**  (Fill in data in section C)     
**19. Life Insurance Policy Coverage**  (Complete data in section C)

|                            |  |  |
|----------------------------|--|--|
| <b>Self-assessment (2)</b> |  |  |
|----------------------------|--|--|

|   |                                   |  |                      |    |                |                      |                      |                      |                      |
|---|-----------------------------------|--|----------------------|----|----------------|----------------------|----------------------|----------------------|----------------------|
| <b>INFORMANT (3)</b>  | ....., at ..... of ..... 20 ..... |  |                      |    |                |                      |                      |                      |                      |
|   | <b>Signature:</b>                 |  |                      |    |                |                      |                      |                      |                      |
|   | <b>DEPOSIT (4)</b>                | Payment deposited in favour the Treasury, restricted A.E.A.T. account for FEE collection |                      |    |                |                      |                      |                      |                      |
|   |                                   | AMOUNT in euros:   | <input type="text"/> |    |                |                      |                      |                      |                      |
| Method of payment: In cash <input type="checkbox"/> C.E. debit in account <input type="checkbox"/>  |                                   |  |                      |    |                |                      |                      |                      |                      |
| Client account code (CCC)   |                                   |  |                      |    |                |                      |                      |                      |                      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Entity</td> <td style="width: 10%;">Branch</td> <td style="width: 10%;">CD</td> <td style="width: 70%;">Account number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> |                                   | Entity   | Branch               | CD | Account number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Entity  | Branch                            | CD   | Account number       |    |                |                      |                      |                      |                      |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/>   | <input type="text"/> |    |                |                      |                      |                      |                      |

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**INSTRUCTIONS FOR COMPLETING FORM 790, APPLICATION AND FEE SETTLEMENT FOR A CRIMINAL RECORD CERTIFICATE, LAST WILL AND TESTAMENT CERTIFICATE OR LIFE INSURANCE POLICY CERTIFICATE.**

**I. GENERAL INSTRUCTIONS.**

- This form is used to request a Criminal Record certificate, Last Will and Testament certificate or Life Insurance Policy certificate. If you wish to request more than one certificate **for the same person** (for example, the Last Will and Testament certificate and the Life Insurance Policy certificate) you can do so by using the same form.
- Please write in block capitals ensuring that the information is clearly legible on all three copies.
- Once the form has been filled in, **first** you need to **pay the fees** by going to any bank, savings bank or credit union which acts as a tax collection collaborating entity (almost all of them). Once the fee has been paid, the financial entity will return the COPY FOR THE ADMINISTRATION and a COPY FOR THE INTERESTED PARTY to you with the corresponding mechanical certification or authorised signature.
- **DO NOT REUSE THIS FORM. The receipt number should be unique for each application form.**
- **Do not forget to sign the form.**

**II. INSTRUCTIONS FOR COMPLETING THE FORM**

**1. "IDENTIFICACIÓN (1)" SECTION.**

- a. If you do not have any identification labels, you need to fill in the data requested in boxes numbers 1 to 15, bearing in mind that:
- I. For the CRIMINAL RECORD CERTIFICATE, the details of the person concerned must be used, where this is the person requesting the certificate, or those of the person representing the person concerned when acting on behalf of a natural person, legal person or an entity with no legal personality.
  - II. For the LAST WILL AND TESTAMENT CERTIFICATE and LIFE INSURANCE POLICY CERTIFICATE you must enter the details of the person requesting the certificate(s) and NOT those of the deceased.
  - III. The address entered in boxes 5 to 14 will be the residence for notification purposes, as well as the address for sending the certificates when these are requested by post. If you wish, you can include your e-mail address in box no. 15 in order to make communication easier.
- b. Box no. 16 is only filled in when the certificates are requested by a notary public.

**2. "FEE SETTLEMENT (2)" SECTION.**

You must mark the type(s) of certificate(s) you are requesting in the header of this section. If there is more than one, remember these must be for the same person.

**3. SECTION A "IF THE CERTIFICATE IS TO BE VALID ABROAD"** indicate the country, authority and/or entity before which it is to take effect.

**IMPORTANT NOTE:** IF CERTIFICATES ARE TO BE VALID ABROAD, THEY MUST BE **LEGALISED OR APOSTILLED**. LEARN MORE ABOUT THIS PROCEDURE.

**4. SECTION B "DETAILS OF THE NATURAL OR LEGAL PERSON, OR ENTITY WITHOUT LEGAL PERSONALITY, CONCERNING WHICH THE CRIMINAL RECORD CERTIFICATE IS BEING REQUESTED"**

The particulars in this section, including boxes nos. 22 to 32, correspond ONLY TO THE PERSON WHOSE CRIMINAL RECORD IS BEING REQUESTED.

**5. SECTION C "INFORMATION REGARDING THE PERSON FOR WHOM THE CERTIFICATE OF LAST WILL AND TESTAMENT AND/OR LIFE INSURANCE COVERAGE POLICIES ARE BEING REQUESTED"**

In the application for the CERTIFICATE OF LAST WILL AND TESTAMENT, you must fill in fields nos. 33 to 40. In box 41 you must fill in the data requested (date of will, notary public and place of issue) if it is known or presumed that the applicant/deceased has made a will, as well as the full name of his/her spouse or former spouse(s), if known.

In the application for the CERTIFICATE OF LIFE INSURANCE COVERAGE POLICIES, only fields nos. 33 to 40 need to be filled in.

For both applications, ONLY if the applicant/deceased lacks a Foreigner's Identification Card number, you must enter the passport number in box 33, or, if he/she has no passport, another identification document from their country of origin.

**6. "INFORMANT (3)" SECTION:** This section shall be signed by the person requesting the certificate.

**7. "DEPOSIT (4)" SECTION**

In the box "AMOUNT in EUR" you need to enter the amount corresponding to the fee for which you are applying for a certificate, as it is a self-assessment printout.

If on the same form you are requesting more than one certificate, you must enter the total amount payable, which shall be the sum of the individual amounts of each of the corresponding fees for each certificate you are requesting.

**III. INSTRUCTIONS FOR PRESENTING THE CERTIFICATE APPLICATION.**

**1. ACCOMPANYING DOCUMENTATION.** - Once the fee has been settled, the application for the certificate(s) will be made by submitting the COPY FOR THE ADMINISTRATION accompanied by the FOLLOWING DOCUMENTATION:

**1.1. CRIMINAL RECORD CERTIFICATE.**

**1.1.1 PROOF OF THE IDENTITY OF THE APPLICANT**

Original or certified photocopy of the National Identity Document, Residence Permit, Passport, Driving Licence or European Union Identity document or equivalent in force, of the person for which certification is sought, provided that the document presented allows the person to be reliably identified.

**1.1.2 WHEN APPLYING FOR THE CERTIFICATE REGARDING A NATURAL PERSON THROUGH A LEGAL REPRESENTATIVE**, the latter, in addition to proving their identity by means of the documentation from point 1.1.1, shall attach:

- Original or certified copy of the identification document of the person represented and;
- Original or certified copy of the authorisation certifying their legal representation by any legally valid means which provides a reliable record of the same (a public document authorised by a notary public, a private document with signatures legitimised by a notary public or a private document awarded after a personal appearance by the person concerned before a public official, who shall place this circumstance on the record through a procedure.

**1.1.3 WHEN APPLYING FOR THE CERTIFICATE FOR A LEGAL PERSON OR AN ENTITY WITHOUT LEGAL PERSONALITY**, the legal representative must be accredited by notarial deed and present an original or certified copy thereof.

**1.2. LAST WILL AND TESTAMENT CERTIFICATE AND LIFE INSURANCE POLICY CERTIFICATE.**

- The application may not be submitted until 15 working days have elapsed from the date of death.
- IF THE DATE OF DEATH IS PRIOR TO APRIL 2, 2009, OR THE DEATH HAS BEEN REGISTERED IN A MAGISTRATES' COURT, to process either of these two certificates IT IS INDISPENSABLE TO ACCOMPANY THE APPLICATION WITH THE DEATH CERTIFICATE, which must be the original or a certified copy issued by the Civil Registry of the locality in which the individual has died, and which necessarily must contain the names of their parents.

**2. METHODS OF SUBMITTING THE REQUEST:**

**2.1 BY POST**

The application, together with the above documents, **duly certified**, must be sent to the following address:

- Criminal Record: TERRITORIAL MANAGEMENT OF JUSTICE closer to residence or to Oficina Central de Atención al Ciudadano, Sección de Penales in MADRID. (you can check their addresses in [www.mjusticia.gob.es](http://www.mjusticia.gob.es)).
- Last Will and Testament and Life Insurance Policy: Registro de Actos de Última Voluntad, Ministerio de Justicia, Pza. Jacinto Benavente, 3, 28012 Madrid. The certificate(s) will be sent to the address entered in boxes 5 to 14.

**2.2 IN PERSON**

- In the REGIONAL OFFICES OF THE MINISTRY OF JUSTICE or to Oficina Central de Atención al Ciudadano de MADRID. You can check their addresses in [www.mjusticia.gob.es](http://www.mjusticia.gob.es)