



NATIONAL HEALTH INSURANCE SYSTEM CHILD REGISTRATION FORM

Form C

INSTRUCTIONS

Please use block letters. Child's proof of identification (i.e. birth certificate, passport etc.) **must** be submitted. If name differs from that on birth certificate, proof of name change must be submitted. It is the parent's responsibility to verify that the information provided on this form is true and correct.

PARENT/GUARDIAN INFORMATION *

LAST NAME: _____ MAIDEN NAME: _____ GENDER: MALE ☐

FIRST NAME: _____ MIDDLE NAME: _____ FEMALE ☐

VALID I.D. NUMBER: _____ | I.D. TYPE: PASSPORT ☐ | WORK PERMIT ☐ | BELONGER CARD ☐

COUNTRY OF ISSUE: _____ | ISSUE DATE: _____ | EXPIRY DATE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ | TELEPHONE # (284) _____ | (284) _____

COUNTRY OF BIRTH: _____ | DATE OF BIRTH: D____ M____ Y ____

OCCUPATION: _____ |

MARTIAL STATUS: SINGLE ☐ | MARRIED ☐ | DIVORCED ☐ | WIDOWED ☐ | SEPARATED ☐ | COMMON-LAW-SPOUSE ☐

SPOUSE'S NAME: _____ | SPOUSE'S BIRTHDATE: D____ M____ Y ____

SPOUSE'S EMPLOYMENT STATUS: EMPLOYED ☐ | SELF-EMPLOYED ☐ | UNEMPLOYED ☐ | RESIDING OVERSEAS ☐

DATE OF MARRIAGE: D____ M____ Y ____

CHILD INFORMATION

LAST NAME: _____ MIDDLE NAME: _____

FIRST NAME: _____ GENDER: MALE ☐ FEMALE ☐

BIRTH CERTIFICATE NUMBER: _____ PASSPORT NUMBER: _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: D____ M____ Y ____

SCHOOL ATTENDING: _____

*** To be filled by parent, legal guardian or Manager of the Rainbow Children's Home as applicable.**

I/We hereby apply for registration of this child under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

Parent's/Guardian's Signature Date: D____ M____ Y ____

Parent's/Guardian's Signature Date: D____ M____ Y ____

OFFICIAL USE ONLY

Officer's Name: _____ Signature: _____

Registration Number Assigned: _____

Date: D____ M____ Y ____