



APPLICATION FOR REGISTRATION OR UPDATE OF REGISTRATION INFORMATION

When applying for a new registration or update of existing registration, please present documentation that verifies your name and date of birth as specified below.

Request for New Registration Number

Bahamian Adult:

Requirements: (a) Passport **OR** (b) Birth Certificate along with Voter's Card **OR** (c) Registered/Recorded Affidavit along with a Voter's Card or Passport

Bahamian Child/Student under the age of 18 years:

Requirements: (a) Birth Certificate **OR** (b) Passport along with Parent's/Guardian's photo identification (Passport or Voter's Card) **OR** (c) Adoption Certificate/Guardianship letter along with Parent's/Guardian's photo identification (Passport or Voter's Card)

Non Bahamian Adult:

Requirements: (a) Current Work Permit along with Current Passport **OR** (b) Original Birth Certificate with a translated copy (where necessary) and a Passport/Current Work Permit.

Non-Bahamian Child/Student ages 5-18 years:

Requirements: School letter and (a) Birth Certificate **OR** (b) Passport along with Parent's/Guardian's photo identification (Passport or Voter's Card) **OR** (c) Adoption Certificate/Guardianship letter along with Parent's/Guardian's photo identification (Passport or Voter's Card)

Update of Existing Registration Information

Update of Demographics: Eg. change of address, contact, parental information etc.

Requirements: (a) Passport **OR** (b) Voter's Card

Request for Name change:

Requirements: (a) Passport **OR** (b) Marriage certificate **OR** (c) recorded affidavit **OR** (d) deed poll along with Passport or Voter's Card **OR** (E) Decree Absolute (If Divorced) along with a photo identification (Passport or Voter's Card)

Request for Replacement Card:

Requirements: (a) Passport **OR** (b) Voter's Card

Mr.

Ms.

Mrs.

1. Name (Please print legibly)

First Name Middle Name(s) Surname (family name)

2. National Insurance No. (existing Registrants only)

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3. Date of Birth: _____
Day Month Year

4. Gender: Male Female

5. Nationality: Bahamian Other (please specify) _____ 6. Secondary Nationality: _____

7. Place of Birth:

Country Island/State City/Settlement

8. Marital Status: Single Married Separated Divorced Widowed
(If Divorced please provide copy of Decree Absolute)

9. Name of High School: _____

9a. Education Highest Level Completed:

No Schooling Primary School Jr. High (to 9th grade) Sr. High (to 12th grade)
Assoc. Degree Bachelor's Degree Master's Degree Doctorate Degree

10. Professional Certification: _____

Address Information

11. P. O. Box: _____

12. Address: _____
House No. Street

Country Island/State City/Settlement Zip/Postal

Contact Information

13. Contact Preference: Mail Phone Email

14. Phone: Home: _____ Cell: _____ Work: _____ Other: _____

15. E-Mail Primary: _____ Secondary: _____

Alternate Names

16. Other legal name:

_____ First Name Middle Name(s) Surname (family name)

17. Maiden name: _____

18. Name previously registered as (complete only if you are changing your previously registered name):

_____ First Name Middle Name(s) Surname (family name)

19. Legal Authority (If you are changing your name, indicate the document you have to support the name change):

Certified Affidavit Deed Poll Marriage Certificate Divorce Papers Passport

Employment Information

20. Occupation: _____ Occupation Code:

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Are you currently employed: YES NO Employer Telephone Contact : _____

Employer (name, or name of business, or name of voluntarily insured): _____

Date employment started: _____ Employer N.I. #:

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Work Permit/Residence Card Information

21. Work Permit No.: _____ 22. Work Permit Expiration Date: _____
Day Month Year

23. Resident Card No.: _____ Permanent? 24. Resident Card Expiration: _____
Day Month Year

CARICOM Information

25. Previous CARICOM Country where you worked: _____

25a. Employment Start Date: _____ 25b. Employment Stop Date: _____
Day Month Year

Parental Information

26. Father's Name (complete even if deceased):

_____ First Name Middle Name(s) Surname (family name)

26a. Father's National Insurance No. (if known)

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 Father's Date of Birth _____
Day Month Year

27. Mother's Name (complete even if deceased):

_____ First Name Middle Name(s) Surname (family name)

27a. Mother's National Insurance No. (if known)

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 Mother's Date of Birth _____
Day Month Year

Spousal Information

28. If married, Spouse's Name:

_____ First Name Middle Name(s) Surname (family name)

Spouse's N. I. No:

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Spouse's date of birth: _____ Date of marriage: _____
Day Month Year Day Month Year

Information of Children

29. Number of Children: _____ Please provide details on Supplementary Form (Details of Children (R4b))

30. Signature or Mark (Parent's Signature if Applicant under 12) _____ Date: _____
Day Month Year

Witness to Mark _____ Date: _____
Day Month Year