



### 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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Day Month Year

**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

**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