



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) Work Permit /Confirmation of Employment letter along with Passport OR (b) Original Birth Certificate with a translated copy (where necessary) and a Passport/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 OR (c) Driver's License OR (d) Work ID

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 Driver's License

Request for Replacement Card:

Requirements: (a) Passport OR (b) Voter's Card OR (c) Driver's License OR (d) Work ID

Mr. [ ]

Ms. [ ]

Mrs. [ ]

1. Name (Please print legibly)

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

2. National Insurance No. (existing Registrants only)

Grid for National Insurance Number

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 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