

Lnug Citizen Dependand Registration

Should you have multiple dependants each shall require their own registration form before they can be registered.
Though multiple dependants might exist only one monthly payment must be made on behalf of all dependants.

Date of Registration: _____ Lnug Date received: _____

Full name of Lnug Citizen & registration#: _____

Type of dependand being registered:

☐ Adoptive child ☐ Biological child ☐ Elderly dependent

Sex of the dependand: ☐ Male ☐ Female

State your relationship to the dependand: _____

Dependand's Full Name at Birth: _____

Date of Birth: _____

Permanent Address: _____

Placed in care by: 1. _____

2. _____

3. _____

4. _____

Full Name of Spouse if deceased: _____

Dependand's Emergency contact #: _____

Primary Heir: _____

Full Name of Father at Birth: _____

Full Name of Mother at Birth: _____

Date of Birth of Father: _____

Ethnic association of Mother: _____

Ethnic association of Father: _____

Other thoughts and comments:

The preceding information is collected exclusively for use by the LNC and is confidential. Any unauthorized use of these materials or the information therein is strictly forbidden and constitutes a charge of identity thief. Unauthorized use of the information may result in loss of citizenship.

Print Name: _____

Sign Name: _____

Date: _____