

# Lnug Citizen Dependant 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 dependant being registered:

Adoptive child

Biological child

Elderly dependent

Sex of the dependant:

Male

Female

State your relationship to the dependant: \_\_\_\_\_

Dependant's Full Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Placed in care by: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Full Name of Spouse if deceased: \_\_\_\_\_

Dependant'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: \_\_\_\_\_