



SOCIAL SECURITY BOARD EMPLOYEE REGISTRATION FORM

INSTRUCTIONS

Please use block capitals. Proof of birth (i.e. birth certificate, passport) **must** be submitted. If name differs from that on birth certificate, proof of name change (i.e. deed poll, affidavit or marriage certificate.)

PERSONAL DATA				
LAST NAME			MAIDEN NAME	
FIRST NAME		MIDDLE NAME		SEX
MAILING ADDRESS			TELEPHONE NO. (S)	
BIRTH PLACE		BIRTH DATE	DAY	MONTH
OCCUPATION				
MARRIED	DATE OF MARRIAGE	SINGLE	DIVORCED	WIDOWED

Mother's Name..... Spouse's Name.....

Father's Name..... Next of Kin

EMPLOYMENT DATA
EMPLOYER'S NAME
COMPANY
ADDRESS
DATE EMPLOYED BY ABOVE

Signature **Date**

FOR OFFICIAL USE ONLY		
ACTION TAKEN	INITIALS	DATE
INSURABILITY CONFIRMED		
INDEX SEARCHED		
NAME AND DATE OF BIRTH CHECKED		
SOCIAL SECURITY NO. ALLOTTED		
REGISTRATION CARD ISSUED		
DATE OF REGISTRATION		
COMMENTS		