



Your Residential Address

BLOCK/ HOUSE NUMBER	STREET NAME (BLOCK LETTERS PLEASE)		
BUILDING NAME (BLOCK LETTERS PLEASE)	UNIT NUMBER	POSTAL CODE	

Registrant's Information

FULL NAME (BLOCK LETTERS PLEASE)		
FAMILY NAME (BLOCK LETTERS PLEASE)		HOUSE PHONE NUMBER
EMAIL ADDRESS		HANDPHONE NUMBER
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	YEAR OF BIRTH	CITIZEN OF
RELATION TO HEAD OF HOUSEHOLD <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> PARENT (FATHER / MOTHER) <input type="checkbox"/> COUSIN <input type="checkbox"/> SPOUSE <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> HELPER <input type="checkbox"/> CHILD (SON / DAUGHTER) <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER RELATION		

Another Household Member's Information

FULL NAME (BLOCK LETTERS PLEASE)		
FAMILY (BLOCK LETTERS PLEASE) <input type="checkbox"/> same as registrant		HOUSE PHONE NUMBER <input type="checkbox"/> same as registrant
EMAIL ADDRESS		HANDPHONE NUMBER
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	YEAR OF BIRTH	CITIZEN OF <input type="checkbox"/> same as registrant
RELATION TO HEAD OF HOUSEHOLD <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> PARENT (FATHER / MOTHER) <input type="checkbox"/> COUSIN <input type="checkbox"/> SPOUSE <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> HELPER <input type="checkbox"/> CHILD (SON / DAUGHTER) <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER RELATION		

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same as registrant

EMAIL ADDRESS

HANDPHONE NUMBER

GENDER

MALE

FEMALE

YEAR OF BIRTH

CITIZEN OF

same as registrant

RELATION TO HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD

PARENT (FATHER / MOTHER)

COUSIN

SPOUSE

GRANDPARENT

HELPER

CHILD (SON / DAUGHTER)

GRANDCHILD

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HEAD OF HOUSEHOLD

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RELATION TO HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD

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