



Striving for Social Justice

# ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

## INSURED PERSON STATUS UPDATE FORM

**IMPORTANT:** Please complete this form using **BLOCK LETTERS ONLY** except where signature is required. All dates should be in **Day/Month/Year** format.

**Social Security Number**

**Please tick the appropriate box(es) for area(s) to be updated:**

☐ Name ☐ Address ☐ E-mail ☐ Telephone/Mobile No. ☐ Dependants ☐ Marital Status

Last Name

First Name

Middle Names

Former Name, Alias or Maiden

**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Common-law

**Residential/Physical Address**

**Mailing Address ( if different from Home Address)**

Street

P.O. Box/Street

Town/ Village/Country

Town/Village/Country

E-mail Address

Phone Number

Mobile Number

**Dependents:**

Name of Dependant(s)	Date of Birth (dd/mm/yyyy)	Gender (Male/Female)	Relationship

Signature or mark of applicant if unable to sign

Date

Signature of witness/parent/guardian (if applicant is unable to write or is under the age of 16)

Name of witness or guardian/parent - Type in BLOCK LETTERS

Date

**FOR OFFICAL USE ONLY**

Name/Signature of receiving officer

Date

Name/Signature of verifying officer

Date