



SOCIAL SECURITY BOARD - BELIZE

APPLICATION FOR REGISTRATION NUMBER / SOCIAL SECURITY CARD

THIS SECTION FOR OFFICIAL USE ONLY

Enter Social Security Number assigned to Applicant:

Application TYPE: NEW RENEWAL (EXPIRED) DAMAGED LOST CARD
 STOLEN CARD NAME CHANGE CHANGE IMMIGRATION STATUS

SSB RECEIPT #: _____

POLICE RECEIPT #: _____

PARTICULARS OF APPLICANT - (SECTIONS A, B, C, D, E and F TO BE COMPLETED IN PRINT BY APPLICANT)

WARNING: IT IS AN OFFENSE TO GIVE FALSE INFORMATION

A. General Information:

First Name _____ Middle Name _____

Last Name _____ Maiden Name (Of Married Women) _____

Has name been changed by Deed Poll or otherwise? Yes No Full Name at Birth _____

Sex: Male Female Date of Birth: _____ / _____ / _____
DAY MONTH YEAR

Place of Birth: _____
City/Town/Village District Country

Nationality 1: _____ Nationality 2: _____

B. Contact Information:

Address: House No. _____ Street _____ City/Town/Village _____ District _____

P.O. Box No. _____ City/Town _____ Phone No. _____ E-mail Address _____

C. Family Information:

Particulars	Social Security No.	First name	Middle name	Last Name
Mother's Information (<i>for Last Name provide Maiden Name</i>)				
Father's Information				

D. Marital Information: (Only one marital status applies)

1.	Single: <input type="checkbox"/> Yes <input type="checkbox"/> No	DAY/MONTH/YEAR
2.	Married to:	Marriage Date: _____ / _____ / _____
3.	Legally Separated from:	Effective Date: _____ / _____ / _____
4.	Divorced from:	Effective Date: _____ / _____ / _____
5.	Widow/er of:	Effective Date: _____ / _____ / _____
6.	Common-law of:	Effective Date: _____ / _____ / _____

E. Registration of Beneficiary for the purpose of entitlement to Survivors or Death Benefit as applicable:

CAUTION: The registration of beneficiary shall automatically exclude all other persons from being beneficiaries and the reference to "husband" or "wife" shall refer to such registered beneficiary only; **provided** that where there is a legal marriage to any person other than the named beneficiary, it is necessary to present proof that you are not legally obliged to maintain the spouse of such marriage.

I understand the full implication of this declaration and I am aware that I can cancel the registration of this beneficiary at any time by doing so in writing to SSB with required proof.

Relationship to Beneficiary: I declare the following person as my beneficiary:				
Social Security Number	First Name	Middle Name	Last Name	Date of Birth

Signature of Applicant _____ Date _____

(If applicant cannot write, he should mark a cross thus (X) with an SSB Officer present) _____

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F: Documentation Submitted: (Original and Valid Documents must accompany this application)

Primary Documents:	Number	Date of Issue (DAY/MONTH/YEAR)	Date of Expiry (DAY/MONTH/YEAR)
Belize Birth Certificate			
Belize Passport			
Nationality Certificate			
Deed Poll			
Adoption Certificate			
Permanent Residence <input type="checkbox"/> Stamp <input type="checkbox"/> Card			
Temporary Work Permit <input type="checkbox"/> Stamp <input type="checkbox"/> Permit			
CSME - <input type="checkbox"/> Stamp <input type="checkbox"/> Certificate <input type="checkbox"/> Dependent			
Condition Stamp			
Dependent of: <input type="checkbox"/> Work Permit Holder <input type="checkbox"/> Permanent Residence Holder <input type="checkbox"/> Belizean			
Student Permit <input type="checkbox"/> Stamp <input type="checkbox"/> Permit			
Other (Specify)			

Secondary Documents:	Number	Date of Issue (DAY/MONTH/YEAR)	Date of Expiry (DAY/MONTH/YEAR)
Marriage Certificate			
Photo ID (Signed by Justice of the Peace)			
Voters ID			
Passport from country of origin			
Birth Certificate from country of origin			
Cedula/Documento Personal de Identificación (DP1)			
<input type="checkbox"/> Declaration <input type="checkbox"/> Parent's R8/ID (Minors Only)			
Other (Specify)			

Beneficiary Documents:	Number	Date of Issue (DAY/MONTH/YEAR)	Date of Expiry (DAY/MONTH/YEAR)
Legal Separation			
Divorce Decree			
Court Order			
Other Legal Documents (Specify)			

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Officer Conducting Interview: _____
& Checking Documents Name in Print Signature Date

Officer Verifying Documents: _____
Name in Print Signature Date

Data Entry Officer: _____
Name in Print Signature Date

ID Works Officer: _____
Name in Print Signature Date

Verifying Officer: _____
Name in Print Signature Date