

EMERGENCY CONTACT REGISTRATION FORM

Mail to: NOKR Inc.
 2020 Pennsylvania Avenue, NW #908
 Washington, DC 20006 USA
 PLEASE PRINT INFORMATION BELOW
www.nokr.org

Individual You Are Registering (Required Information*)										
First Name *		Last Name *								
Address *	<i>If homeless, place "Homeless" on above line</i>									
City *										
State/Province *		Country *		ZIP Code *						
Optional Information										
Driver License/Identification Number										
City		State		Country						
Telephone Number	(H)		(C)		Age		Date of Birth			
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>							<i>Passport Photo</i> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
<i>Additional information could be identifying factors such as, tattoos, mole, missing teeth, family Dentist etc.</i>										
<p>The Next Of Kin listed below is my * Check One Please select one below indicating your relationship to your next of kin. If no family is available select (Other) and indicate relationship i.e. Neighbor, boy or girl friend etc.</p>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	Mother	Father	Sister	Brother	Son	Daughter	Aunt	Uncle	Niece	Nephew
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Cousin	In-Law	Other								
Next Of Kin Information (Required Information *)										
First Name *				Last Name *						
Address *										
City *										
State/Province *		Country *		ZIP Code *						
Telephone *	(H)		(C)		(W)					
<i>Add any additional contact information in the area above. Example, email, other relatives to contact, etc.</i>										