**Marital Status**

Employee I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National I.D. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued from: \_\_\_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_\_

Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single ( ) Married ( ) Widow(er) ( ) Divorced ( )

**Dependents (Spouse/Children)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **Date of Birth** | **Relationship** |
| \* |  |  |  |
| \* |  |  |  |
| \* |  |  |  |
| \* |  |  |  |
| \* |  |  |  |
| \* |  |  |  |

I hereby declare that the above information is correct and accurate. In case of any changes in the marital status, I will notify the Human Resources Office within two weeks from the date.

**\*In case of adding children, a scanned copy of the birth certificate is to be attached to the form.**

**\*In case of adding spouse, a scanned copy of the marriage certificate is to be attached to the form.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_