



**Associated Marine Officers' and Seamen's Union of the Philippines PTGWO-ITF**  
 (An Affiliate of the International Transport Workers Federation London, UK)  
**SEAMEN'S HOSPITAL**  
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**FAMILY DATA REGISTRATION FORM**

**DEPENDENT'S INFORMATION**     **NEW**     **UPDATE**     **LOST/ STOLEN**

**REQUIREMENTS FOR DEPENDENT'S ID BASED ON THE FOLLOWING CIVIL STATUS OF THE MEMBER:**

SINGLE	MARRIED	SINGLE PARENT	WIDOW/WIDOWER	MEDICAL RECORDS	
PSA Registered Birth Certificate of member PSA Registered Certificate of No Marriage (CENOMAR) of member PSA Registered Marriage Contract of Parent PSA Registered of Birth Certificate of seaman's siblings, 17 y.o. & below Latest Allotment Slip MDR (Members Data Record) from PHIC Notarized affidavit of Support if parents are 60 Y.O & Above Photocopy (back & front) of Senior Citizen ID of parents	PSA Registered Marriage Contract of member PSA Registered Birth Certificate of unmarried children 17 y.o & below Latest Allotment Slip MDR (Members Data Record) from PHIC If a SEAMAN or SPOUSE is 60 y.o. & above, Photocopy (back & front) of Senior Citizen ID of parents	PSA Registered Birth Certificate of Children 17 y.o. & below PSA Registered Certificate of No Marriage (CENOMAR) of member Original Copy of Court's Decision on Annulment of Marriage, if separated Latest Allotment Slip MDR (Members Data Record) from PHIC If MEMBER is 60 y.o. & above photo copy(back & front) of Senior Citizen ID	PSA Registered Birth Certificate of unmarried children 17 y.o. & below PSA Registered Death Certificate of deceased spouse Latest Allotment Slip MDR (Members Data Record) from PHIC If MEMBER is 60 y.o & above photo copy (back & front) of Senior Citizen ID	Verified By: _____	Approved By: _____

\* Please SUBMIT photocopy of the above requirements and place in a long, brown envelope. Label it with the following information:  
**LAST NAME, GIVEN NAME & MIDDLE NAME** written at the upper left corner, back part of the envelope. Indicate the member's or the applicant's contact number under the member's name.

\* BRING ORIGINAL COPY OF ALL THE REQUIREMENTS for verification purposes.

\* Photo of the ID holder will be taken on site via webcam

**AMOSUP MEMBER GENERAL INFORMATION**

\* **LAST NAME:** \_\_\_\_\_ \***FIRST NAME:** \_\_\_\_\_ **MIDDLE NAME:** \_\_\_\_\_  
**AMOSUP ID #:** \_\_\_\_\_ **SEAMAN'S BOOK NO.** \_\_\_\_\_ **RELIGION** \_\_\_\_\_  
**CIVIL STATUS:**  SINGLE  SINGLE PARENT  MARRIED  WIDOW **SEX:**  MALE  FEMALE  
**\*BIRTHDATE:** \_\_\_\_\_ **BIRTH PLACE :** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**SECONDARY ADDRESS:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_  
**CONTACT DETAILS:**  
**LANDLINE#:** \_\_\_\_\_ **MOBILE NO.** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
**SSS#:** \_\_\_\_\_ **TIN #** \_\_\_\_\_ **PHIC #** \_\_\_\_\_

**LAST VESSEL WITH AMOSUP-CBA**

NAME OF VESSEL	MANNING AGENCY	PRINCIPAL	POSITION	EMBARKED DATE	DISEMBARKED DATE
*	*	*	*	*	*

**EDUCATIONAL ATTAINMENT**

**ELEMENTARY** \_\_\_\_\_  **COMPLETED**  
 **HIGH SCHOOL** \_\_\_\_\_  **COMPLETED**  
 **COLLEGE** \_\_\_\_\_  **COMPLETED**  
 **DEGREE HOLDER** \_\_\_\_\_  **COMPLETED** ID PICTURE

**FOR DEPENDENTS OF MARRIED SEAMAN**

**MAIDEN NAME OF SPOUSE:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_  
**SEX:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
**MDR NUMBER FROM PHILHEALTH:** \_\_\_\_\_  
**LANDLINE NUMBER:** \_\_\_\_\_  
**MOBILE NUMBER:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**FOR DEPENDENTS OF SINGLE SEAMAN**

**NAME OF FATHER:** \_\_\_\_\_  
**BIRTH DATE:** \_\_\_\_\_ **SSS#** \_\_\_\_\_  
**PHILHEALTH ID#:** \_\_\_\_\_  
**LANDLINE/ MOBILE#:** \_\_\_\_\_  
**NAME OF MOTHER:** \_\_\_\_\_  
**BIRTH DATE:** \_\_\_\_\_ **SSS#:** \_\_\_\_\_  
**PHILHEALTH ID#:** \_\_\_\_\_  
**LANDLINE/ MOBILE#:** \_\_\_\_\_

**MEMBER'S CHILDREN / SIBLINGS**

RELATIONSHIP	FIRST NAME	LAST NAME	DATE OF BIRTH

I hereby pledge that the above information is true and correct. I also understand that in the event of fraudulent information is declared herein, I will be compelled to receive the corresponding consequences of such actions.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME OF THE ID HOLDER

\_\_\_\_\_  
 RELATIONSHIP TO MEMBER

\_\_\_\_\_  
 DATE