



GHANA NATIONAL HOUSEHOLD REGISTRY

Ministry of Gender, Children and Social Protection

UPDATES FORM

FORM CODE to be pre-printed

MODE OF RECEIPT OF REQUEST*	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In-person <input type="checkbox"/> Website
------------------------------------	--

A. PERSONAL INFORMATION

SURNAME*																
FORENAMES*																
PREVIOUS/MAIDEN NAMES													GENDER*			
													<input type="checkbox"/> Male <input type="checkbox"/> Female			
DATE OF BIRTH*	D	D	/	M	M	/	Y	Y	Y	Y	If Estimated <input type="checkbox"/>			Current Nationality*		
MARITAL STATUS*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed												Nationality at Birth*			
EMAIL													PHONE NO.			
SSNIT NO.																
VOTER ID NO.																
PASSPORT NO.																
NHIS NO.																
DRIVER'S LIC. NO.																

LOCATION OF HOUSEHOLD

REGION*	<input type="checkbox"/> GAR <input type="checkbox"/> ER <input type="checkbox"/> CR <input type="checkbox"/> WR <input type="checkbox"/> AR <input type="checkbox"/> BA <input type="checkbox"/> VR <input type="checkbox"/> NR <input type="checkbox"/> UWR <input type="checkbox"/> UER												COMTY. CODE		
DISTRICT*															
COMMUNITY*															
HOUSE NO.															

B. TYPE OF UPDATE REQUEST

Please TICK (✓) the item to be updated, describe the problem and indicate what the update is.

ITEMS	PROBLEM DESCRIPTION	NEW ITEM UPDATE
<input type="checkbox"/> Names		
<input type="checkbox"/> Date of Birth		
<input type="checkbox"/> Age		
<input type="checkbox"/> Gender		
<input type="checkbox"/> Phone No		
<input type="checkbox"/> Marital Status		
<input type="checkbox"/> Disabilities		
<input type="checkbox"/> National ID Number		
<input type="checkbox"/> Relationship to the Head of HH		
<input type="checkbox"/> Registration with the National Health Insurance Scheme		
<input type="checkbox"/> Birth Registration Certificate		
<input type="checkbox"/> Inclusion of new HH member		
<input type="checkbox"/> Exclusion of HH member		
<input type="checkbox"/> Relocation of Household		

DOCUMENTS ATTACHED

- Birth Certificate Death Certificate Voter's ID Letter from Chief/Religious Leader
 Letter from Community Committee Other [*Please specify*]:

DATE OF REQUEST	D	D	/	M	M	/	Y	Y	Y	Y	REQUEST RECEIVED BY	
------------------------	---	---	---	---	---	---	---	---	---	---	----------------------------	--

**OFFICIAL
STAMP**

C. FOR OFFICIAL USE ONLY

ACTION(S) TAKEN

RESOLUTION

CITIZEN INFORMED BY	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In-person										
DATE OF CLOSURE OF CASE	D	D	/	M	M	/	Y	Y	Y	Y	
SIGNED-OFF BY											