

# NEXT OF KIN REGISTRY REGISTRATION FORM

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

## Individual You Are Registering (Required Information \*)

Name First & Last \_\_\_\_\_ \*

Address \_\_\_\_\_ \*

If homeless, place "Homeless" on this line

Zip/Postal Code \_\_\_\_\_ \*

City \_\_\_\_\_ State/Province \_\_\_\_\_ \*

Drivers License/ Identification Number \_\_\_\_\_

Optional City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Telephone  
Optional \_\_\_\_\_

Age  
Optional \_\_\_\_\_



Photo is **Optional** Mail to the address above NOKR

*Additional information could be identifying factors such as, tattoos, mole, missing teeth, family Dentist etc.*

Additional  
Information \_\_\_\_\_  
Optional \_\_\_\_\_

**The Contact 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.

Spouse > Mother > Father > Sister > Brother > Son > Daughter > Aunt >

Uncle > Niece > Nephew > Cousin > In-Law > **Other** \_\_\_\_\_

## Next Of Kin Information (Required Information \*)

Name First & Last \_\_\_\_\_ \*

Address \_\_\_\_\_ \*

City \_\_\_\_\_ State/Province \_\_\_\_\_ \*

Zip/Postal Code \_\_\_\_\_ \*

Telephone  
Optional \_\_\_\_\_

Additional  
Information \_\_\_\_\_  
Optional \_\_\_\_\_

*Add any additional contact information in the area above. Example, email, other relatives to contact, etc.*