**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**:  
- **Zip/Postal Code**:  
- **City**:  
- **State/Province**:  
- **Drivers License/ Identification Number**:  
- **Optional**:  

**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.**

**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.