



MALTA

**Pre Registration Application**

File No:

**Child's Details**

Record No:

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

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Gender: ☐ Male ☐ Female

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Residence Address in Malta: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Post Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parents' / Guardians' Details**

**Father's Details**

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

Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Mother's Details**

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

Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Status: ☐ Married

☐ Single

☐ Widow / Widower

☐ Separated

☐ Divorced



I confirm that the information supplied above is correct.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

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



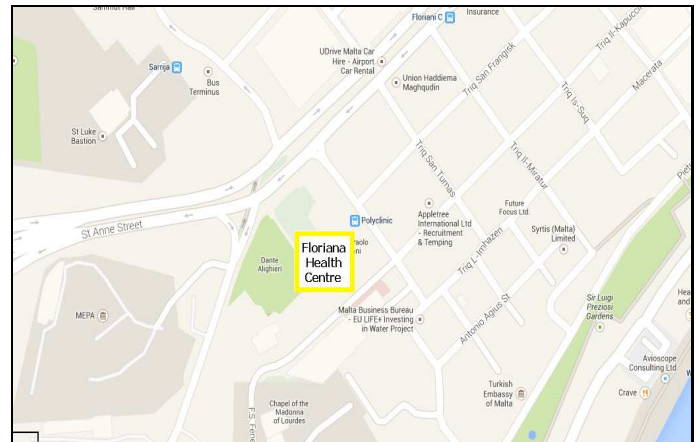
MALTA

**Documents required when honouring an appointment at Head Office**

Applicants are to attach the following documentaion with this application :

- ☐ Original and photocopy of child's birth certificate, if child is not born in Malta;
- ☐ Original and photocopy of translation of the birth certificate, if it is not in English;
- ☐ Original and photocopy of passports / ID Cards of child/ren and parents;
- ☐ Original and photocopy of proof of residence in Malta;
- ☐ Original and photocopy of marriage certificate;
- ☐ Original and photocopy of a legal document denoting who has the care and custody of the child, if the child is not accompanied by both parents;
- ☐ Screening Certificate from Floriana Health Centre; (Please ask Ms Josette White for appointment dates)

Floriana Health Centre  
Triq Frangisk Saver Fenech  
Il-Furjana  
Malta FRN 1211



- ☐ Any other documents that you deem necessary;

**Where possible, both parents have to call by appointment, at the Customer Care Section so that original documentation can be verified.**