

# ROYAL BAHAMAS DEFENCE FORCE RANGERS INFORMATION SHEET



Personal Information						
First Name	Middle Name	Last Name		Date of Birth		
				(mm/dd/yyyy)		
Telephone Contact			Nationality	Date of Installation		
Home	Cell					
				(mm/dd/yyyy)		
Street Address				N.I.B #		
Email Address						
School				Grade	Current GPA	
Parent/Guardian Contact Information						
	Contact 1	Contact 2		Contact 3		
Relationship:						
First Name:						
Last Name:						
Home Phone:						
Business Phone:						
Cell Phone:						
Street Address:						
Email Address:						
Medical Information						
Insurance Company:				Blood Type		
Insurance Policy #:						
Known Illnesses/Allergies:						
Medication(s):						

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For official use only	
District:	
Ranger I.D. Number:	
Rank:	