



Registration form

Applicant information

| | | |
|---------------------------|--|--------------------|
| Name: | | |
| Kennitala: | Phone Number: | GSM Number: |
| Address/post code: | | |
| Email: | Is the applicant under 18? yes / No | |

Next of kin / relatives

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| Relative 1 |
| Name: |
| GSM Number: |

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| Relative 2 |
| Name: |
| GSM Number: |

Doctors Information

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| Doctor 1 (Heimilislæknir): |
| Workplace: |
| Phone Number: |

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| Doctor 2 (Specialist): |
| Workplace: |
| Phone Number: |

Information for the Emblem

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| Emblem 1 |
| Text that will be engraved on the emblem. Not more than 40 letters: |
| Product number: |

| |
|---|
| Emblem 2 or Hulsa #101450 |
| The text will be the same as on Emblem 1 |
| Product number: |

Other Information

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|---|
| Medication information: |
| If in hospital, last date: |
| Vottorð: <i>A medical certificate must be provided</i> |