

## Registration Form

Date..... Place.....

Name..... Date of Birth.....

Gender  Male  Female

Marital Status  Married  Single  Divorced  Widow

Email..... Tel..... Mobile.....

Education Level  Illiterate  School  University

Others.....

Residence  Beirut  Mount Leb.  North

South Others.....

Health Coverage  None  Social Security  Insurance

Army  Security Forces  MOH

Others.....

Blood Group  A+  A-  B+  B-

AB+  AB-  O+  O-

Don't Know

Would you like to donate?  Yes  No

Have you used Stay Safe's services before?  Yes  No