

# Proof of Dependents Attachment Sample

## Employee Information

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

Employee ID/Number: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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## Dependent Information

Full Name of Dependent: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

Other Relevant Details: \_\_\_\_\_

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## Supporting Document(s) Attached

- Birth Certificate
- Marriage Certificate
- Other: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Note:** Please attach certified true copies of supporting documents as required.