

Proof of Dependents Attachment Sample

Employee Information

Employee Name: _____

Employee ID/Number: _____

Department/Unit: _____

Contact Number: _____

Dependent Information

Full Name of Dependent: _____

Relationship to Employee: _____

Date of Birth: _____

Other Relevant Details: _____

Supporting Document(s) Attached

- â–j Birth Certificate
- â–j Marriage Certificate
- â–j Other: _____

Signature of Employee

Date

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