



SEGURANÇA SOCIAL

IDENTIFICATION OF NATURAL PERSONS COVERED BY THE CITIZENSHIP SOCIAL PROTECTION SYSTEM

Continuation Sheet of Mod. RV 1017-DGSS

IDENTIFICATION OF THE BENEFIT APPLICANT

Full name			
Birth date	year month day	Social Security Identification Number	
Benefit name			

IDENTIFICATION OF THE HOUSEHOLD MEMBERS IN THE CASE OF A PORTUGUESE CITIZEN

Member 3	Full name			
	Birth date	ano mês dia	Sex (F or M) <input type="checkbox"/>	Civil status _____
	Birthplace: Country	_____	District	_____ Municipality
	Parish	_____	Nationality	_____
	Identification document	_____ no. _____	from	year month day
	<small>(Citizen Card, Identity Card, Civil Registration Certificate, Residence Permit, etc.)</small>			
	Other identification document	_____		
	Certificate no.	_____	Certificate year	_____ Civil Registry Office
	Taxpayer no.	_____		
	Family relationship with the benefit applicant (Please tick with an x the corresponding situation)			
<input type="checkbox"/> Spouse or partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Son-in-law/Daughter-in-law				
<input type="checkbox"/> Adopter <input type="checkbox"/> Adoptee <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Under guardianship <input type="checkbox"/> Judicially entrusted <input type="checkbox"/> Other				

Member 4	Full name			
	Birth date	ano mês dia	Sex (F or M) <input type="checkbox"/>	Civil status _____
	Birthplace: Country	_____	District	_____ Municipality
	Parish	_____	Nationality	_____
	Identification document	_____ no. _____	from	year month day
	<small>(Citizen Card, Identity Card, Civil Registration Certificate, Residence Permit, etc.)</small>			
	Other identification document	_____		
	Certificate no.	_____	Certificate year	_____ Civil Registry Office
	Taxpayer no.	_____		
	Family relationship with the benefit applicant (Please tick with an x the corresponding situation)			
<input type="checkbox"/> Spouse or partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Son-in-law/Daughter-in-law				
<input type="checkbox"/> Adopter <input type="checkbox"/> Adoptee <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Under guardianship <input type="checkbox"/> Judicially entrusted <input type="checkbox"/> Other				

(continues on the next page)

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For more information on data protection, please consult the Social Security website at www.seg-social.pt

False statements are punished according to the law

IDENTIFICATION OF THE HOUSEHOLD MEMBER(S) IN THE CASE OF A FOREIGN CITIZEN

Member 5

Forename(s) and Surname(s)

Family name _____
 Surname at birth _____
 Forename(s) _____

Filiation (To be completed by French citizens born outside the French metropolitan territory and Spanish citizens)

Father's surname _____
 Father's forename(s) _____
 Mother's surname _____
 Mother's forename(s) _____

Birthplace

Locality _____
 Province or department _____
 Department code _____ Country _____

Other identification elements

Birth date _____ Sex (F or M) Civil Status _____
year month day
 Type of identification document _____
 ID document no. _____
 Taxpayer no. _____

Family relationship with the benefit applicant (Please tick with an x the corresponding situation)

Spouse or partner Son/Daughter Father/Mother Brother/Sister Grandfather/Grandmother Son-in-law/Daughter-in-law
 Adopter Adoptee Stepfather/Stepmother Stepson/Stepdaughter Under guardianship Judicially entrusted Other

Member 6

Forename(s) and Surname(s)

Family name _____
 Surname at birth _____
 Forename(s) _____

Filiation (To be completed by French citizens born outside the French metropolitan territory and Spanish citizens)

Father's surname _____
 Father's forename(s) _____
 Mother's surname _____
 Mother's forename(s) _____

Birthplace

Locality _____
 Province or department _____
 Department code _____ Country _____

Other identification elements

Birth date _____ Sex (F or M) Civil Status _____
year month day
 Type of identification document _____
 ID document no. _____
 Taxpayer no. _____

Family relationship with the benefit applicant (Please tick with an x the corresponding situation)

Spouse or partner Son/Daughter Father/Mother Brother/Sister Grandfather/Grandmother Son-in-law/Daughter-in-law
 Adopter Adoptee Stepfather/Stepmother Stepson/Stepdaughter Under guardianship Judicially entrusted Other