



International Federation  
of Red Cross and  
Red Crescent Societies

I FRC- 000000609



## Beneficiary Card

Operation:		Date of Issue: / / D D / M M / Y Y Y Y	
Household Representative:			
Last Name		First Name	
Date of Birth: / / D D / M M / Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female	Total # in Household (Including Household Representative)	
Type of ID:			
ID #:			
Phone Number:			
Service Provider:			
<b>Location</b>			
Province/District:			
Town/City:			
Village/Neighborhood:			
Address:			
Beneficiary selection criteria:			
Comments:			

