

# Civilian Virtual IN-PROCESSING

## **NON U.S. MILITARY (ALL OTHERS) (FOREIGN SERVICE, US CIVILIAN, NATO PARTNER)**

1. Mini Registration (Have patient fill out form)
2. Copy of orders (make a copy)
3. Insurance card (make a copy back and front)
4. Send all completed information back to Brussels Healthcare facility to email address [usarmy.benelux.medcom-lrmc.mbx.nahc-in-processing@health.mil](mailto:usarmy.benelux.medcom-lrmc.mbx.nahc-in-processing@health.mil)

Please encrypt your e-mail or password protect your documents. In case of problem send us an e-mail and we will provide you with an alternative secured solution.

## **Mini Registration**

SHAPE-Brussels  
MINI REGISTRATION FORM



Sponsor Name: \_\_\_\_\_  
Last Name First Name Middle Name

Nationality: \_\_\_\_\_ SSN (U.S. only) \_\_\_\_\_ Branch of Service & Rank: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Day Month Year

APO Mailing Address:  
(For Non-U.S Citizens= Residential Address)

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please Circle One:

NATO Military  
Family Member of NATO Military

State Department  
Family Member of State Department

DOD (U.S. Civilian)  
Family Member of DOD (U.S Civilian)

Family Members: (Last, First, Middle)	Date of Birth	Sex	Social Security Number (U.S ONLY)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____