

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title / Position]
[Department of Health and Human Services]
[Department Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Registration for [Program/Service Name]

I am writing to formally register for [Program/Service Name] administered by the Department of Health and Human Services.

Please find the necessary details below:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN/Tax ID]
- Address: [Your Address]
- Contact Information: [Your Phone Number, Email Address]
- [Any additional required information as per guidelines]

I have enclosed the required documentation as outlined in the registration guidelines. Please let me know if there are any further steps I need to take or additional information you require.

Thank you for your attention to this matter. I look forward to your confirmation of my registration.

Sincerely,

[Your Name]

[Enclosures: List of documents enclosed]