	Republic of the 1 COMMISSION Intramuros, Manila	Philippines			R	EVISED CEF - 1 ANNEX "A"
Instruction :	Fill-in complete	y and legibly the ap	propriate spaces a	nd check appropriat	e choice/s in ovals.	
	ICATION FOR	REGISTRATION	Accomplish Pers	onal Information at the	back)	
Note: (For Applica	ant/s with existing R	egistration Records)				
۱,				, Filipino,	born on	, a duly registered
						of,
Province of _		, do HERE	BY APPLY FO	R: (Check appropri	ate box/es)	
		TRANSFER OF	REGISTRATIC	N RECORD		
🔿 within th	ie same City/Mi	unicipality/District	Ofrom anot	her City/Municipal	ty/District (Accompli	sh Personal Information at the back).
	esidence is:					
House No.	& Street		ity/Municipality		Drovince	-
I have resid	ded in my new res	sidence forC	_ years and for _	months.	rovince	
	ATION FOR F	REACTIVATION	OF REGISTRA	TION RECORD	· · · ·	ech A Miller A Miller Mandelser, miller somerne Sinderner för av den som
	Reason for Dea					
	0 0000	 Convicted by fina government, etc Declared by com Failed to vote in Loss of Filipino 6 Exclusion by a com 	Il judgment of a c ; petent authority t two (2) successiv citizenship; or purt order.			
	\bigcirc	7. Failure to Validat	e			
Tha	\bigcirc			tached certification/	order of the court (in	cases of 1,2,3,5, and 6).
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Application No.		Precinct No.
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Instructions: (1) Accomplish separate	ly in three copies; (2) print legibly; and (3) check the appropria	ite box.
Part 1 PERSONAL INFORMATIC	ON (To be filled out by Applicant)	Person with
NAME		Illiterate Disability
		Indigenous
Last		People
First		Assisted by:
		(Please fill-up Supplemental Data Form/Assistor's
Middle		Oath)
RESIDENCE/ADDRESS Province		SEX
RESIDENCE/ADDRESS Province		Male
City/Municipality	Barangay	
House No. / Street		Month Day Year
House No. / Street		PLACE OF BIRTH
		PLACE OF BIRTH
CITIZENSHIP	By Birth Naturalized Reacquired	City/ Mun
/ If naturalized/rencauired_state_date_of_naturalization/ri	eacquisition and Certificate Number of naturalization/order of approval of reacquisition)	
		Province
Date of Naturalization/ Month	Day Year Certificate No. /Order of Approval	CIVIL STATUS
Reacquisition		
PERIOD OF RESIDENCE		Single
No. of Years No. of M	Nonths No. of Years	Married
In the City/Mun	In the Philippines	Name of Spouse, If Married
PROFESSION / OCCUPATION		
	inandanadan ina kanadanan ina kanadanan ina kanadan ina kanadan ina kanadan ina kanadan ina kanadan ina kanada 	
PART 2	OATH ROLLED THUMBP	RINTS / SPECIMEN SIGNATURES
REGISTRATION	TRANSFER	
	tatements regarding my person are true and	
correct; that I possess all the qualifications an	nd none of the disqualifications of a voter and	
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