APPLICATION FO	R					Application Number	
REGISTRATION							
VALIDATION		(TYPE OR PRINT	LEGIBLY)				
PART1							
NAME					AGE	SEX Male Female	
Last					CIVIL STATUS		
First					SIngle Widow/er		
						Legally Separated/Divorced	
Maternal (Middle)/Maiden RESIDENCE					Name of spou	ise, if married	
House No City/Municipality							
Street	Province			DATE OF B	BIRTH		
Barangay	Townie						
NAME OF FATHER		NAME OF MOTHER			Month _	Day Year	
Last		Last				BIRTH(City/Mun/Prov)	
First		First					
Maternal (Middle)					CITIZENSHIP (If naturalized, state date of naturalization and number of certificate of naturalization)		
E-MAIL ADDRESS		Maternal (Middle)/Maiden PERIOD OF RESIDENCE					
E-MAIL ADDICESS					□BIRTH	□NATURALIZED	
HEIGHT WEIGHT		Philippines City/Municipality			NATURALIZ	ATION//	
(in mts/ft.) (in kgs	S/IDS.)	Years	Years		DATE	MM DD YYYY	
☐ Literate ☐ Disabled ☐ Illiterate Name of Assistor		PROFESSION/OCCUPATION			NUMBER O	F CERTIFICATE	
TAX IDENTIFICATION NUMBER		SECTOR			IDENTIFYING MARKS		
PART 2 OATH (APPLICAT	ION FOR REGIS	TRATION)	PART 3	DATH (APPLIC	CATION FO	R VALIDATION)	
I do solemnly swear that person are true and correct; that none of the disqualifications of a any precinct in the Philippines.	qualifications and person are true and correct			and, that I a rangay			
Date Signature over printed of Applicant		name	name Date			re over printed name of Applicant	
SUBSCRIBED AND SWORN TO B	ABOVE DATE.	OVE DATE. SUBSCRIBED AND SWORM			• •		
Administering Officer					1 dminists rine	Officer	
Administerin Signature over p				Administering Officer gnature over printed name			
PART 4 FOR ACTION OF THE BOARD							
APPROVED With precinct assignment no							
☐ DISAPPROVED Rea	son for disapprova	l					
Date							
	Mem	ber ————————————————————————————————————	Cha	airman		Member	
PART 5 VOTER IDENTIFIC	CATION NUMBER	3					
-PROV. CODE — CITY/MUNICIPAL/ DISTRICT CODE PERMANENT PREC. NO. — MOTHER OR DAUGHTER PRECINCT — DATE OF BIRTH — NAME CODE — NA							
PART 6 REGISTRATION CANCELLED BY REASON OF:							
Death Annulment of Book of Voters							
Date of Cancellation Signature of the Chairman of the Board over printed name							
Date of Cancellation Signature of the Chairman of the Board over printed harne							
	N	Member				Member	
Interviewer : Date							
		Interv	iewer: Signa	ature over printe	ed name	Date	

Application Number