



**APPLICATION FOR REGISTRATION**

(Voter's Registration Record upon approval by the ERB)

**Application No.**

**Precinct No.**

.....

.....

**Instructions :** (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

**PART 1 PERSONAL INFORMATION (To be filled out by Applicant)**

**NAME**

Last .....  
First .....  
Middle .....

Illiterate  Disabled /  
Differently-abled

Assisted by: \_\_\_\_\_  
(Please fill-up Assistor's Oath)

**GENDER**  Male  Female

\_\_\_\_\_ Height \_\_\_\_\_ Weight

**RESIDENCE/ADDRESS**

Province .....  
City/Municipality ..... Barangay .....  
House No./ Street .....

**DATE OF BIRTH**

.....-.....-.....  
Month Day Year

**PLACE OF BIRTH**

City/Mun .....  
Province .....

**CITIZENSHIP**

.....  By birth  Naturalized  Reacquired  
(if naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)

Date of Naturalization/Reacquisition Month Day Year Certificate No./Order of Approval .....

**CIVIL STATUS**

Single  Widow/er  
 Married  Legally Separated

Name of Spouse, if married .....

**PERIOD OF RESIDENCE**

No. of Years No. of Months No. of Years  
in the City / Mun ..... in the Philippines .....

**PROFESSION/OCCUPATION**

**TIN**

NAME OF FATHER Last First Middle .....  
NAME OF MOTHER Last First Middle .....

**PART 2 THUMBPRINTS / SPECIMEN SIGNATURES**

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I have no pending application for registration in any city/municipality; and that I am not registered in any precinct in the Philippines.

Date Month Day Year Signature of Applicant .....

EO / Administering Officer  
(Signature above Printed Name)

Left Thumb Right Thumb

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PART 3 ACTION BY THE ELECTION REGISTRATION BOARD**

Approved Month Day Year With precinct assignment No. ....  
 Disapproved Date Reason for disapproval .....

Member  
Signature above Printed Name

Chairman of the Board  
Signature above Printed Name

Member  
Signature above Printed Name

**PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)**

CITY/MUN DISTRICT CODE PROV CODE PRECINCT NO. MONTH DAY YEAR DATE OF BIRTH NAME CODE .....

**ACKNOWLEDGEMENT RECEIPT**

**Application for Registration**

Last .....  
First .....  
Middle .....

**Application No.**

.....

This is to acknowledge receipt of your Application for registration. You are not yet registered unless approved by the Election Registration Board/(ERB). You need not appear in the ERB hearing unless required through a written notice.

EO/Interviewer Signature Above Printed Name

COPY FOR THE ELECTION OFFICER