



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

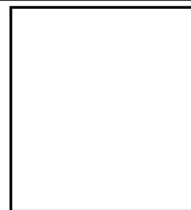
Middle

PART 2 THUMBPRINTS / SPECIMEN SIGNATURES

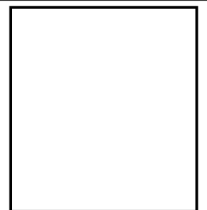
I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I have no pending application for registration in any city/municipality; and that I am not registered in any precinct in the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

..... NAME CODE							
MONTH	DAY	YEAR	DATE OF BIRTH				

ACKNOWLEDGEMENT RECEIPT

Application for Registration

Application No. _____

Last

First

Middle

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 CENTRAL FILE