



# 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

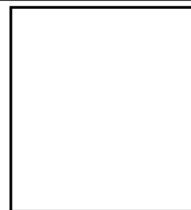
Middle

## PART 2 THUMBPRINTS / SPECIMEN SIGNATURES

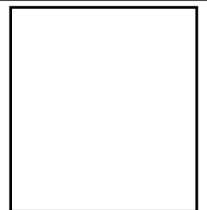
I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I have no pending application for registration in any city/municipality; and that I am not registered in any precinct in the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