



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)

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

GENDER Male Female
_____ Height _____ Weight

DATE OF BIRTH
.....-.....-.....
Month Day Year

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

PLACE OF BIRTH
City/Mun
Province

PERIOD OF RESIDENCE
in the City / Mun: No. of Years No. of Months in the Philippines: No. of Years

CIVIL STATUS
 Single Widow/er
 Married Legally Separated
Name of Spouse, if married

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

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

PROV CODE CITY/MUN DISTRICT 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



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NAME

Last
First
Middle

Illiterate Disabled

Assisted by:

SEX 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

PERIOD OF RESIDENCE

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

Name of Spouse, if married _____

PROFESSION/OCCUPATION

TIN

NAME OF FATHER

Last
First
Middle

NAME OF MOTHER

Last
First
Middle

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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 _____
 Disapproved _____
Month Day Year Date

With precinct assignment No. _____

Member Chairman of the Board Member
Signature above Printed Name Signature above Printed Name 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

Last
First
Middle

Application No.

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EO/Interviewer Signature

COPY FOR THE CENTRAL FILE



APPLICATION FOR REGISTRATION

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Precinct No.

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First
Middle

Illiterate Disabled

Assisted by:

SEX 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

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Middle

NAME OF MOTHER

Last
First
Middle

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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 _____
 Disapproved _____
Month Day Year Date

With precinct assignment No. _____

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

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EO/Interviewer Signature

COPY FOR THE PROVINCIAL FILE