



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 _____
 Disapproved _____
Date _____ Reason for disapproval _____
With precinct assignment No. _____

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

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