

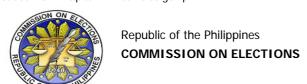
## **APPLICATION FOR REGISTRATION**

(Voters Registration Record upon approval by the ERB)

	<b>Instructions</b> : (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	Illiterate Person with Disability
	Last	Assisted by:
	First	(Please fill-up Assistor's Oath)
	Middle Middle	Gender
	RESIDENCE/ADDRESS Province	Male Female  Height Weight
	City/Municipality Barangay	DATE OF BIRTH
	House No. / Street	Month Day Year
		PLACE OF BIRTH
	CITIZENSHIP By Birth Naturalized Reacquired	City/Mun
	(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	Province
	Date of Naturalization/ Month Day Year Certificate No./Order of Approval	CIVIL STATUS
	Reacquisition	Single Widow/er
CER	PERIOD OF RESIDENCE  No. of Years  No. of Years  No. of Years	Married Legally Separated
띮	In the City / Mun I in the Philippines	Name of Spouse, if married
TION OFFIC	PROFESSION / OCCUPATION TIN TIN TIN TIN TIN TIN TIN TIN TIN TI	1
S	NAME OF FATHER NAME OF MOTHER	<u> </u>
E EL	Last	
THE	First	<del></del>
FOR	Middle Middle Middle	<del></del>
COPY	Part 2 OATH ROLLED THUMBPRINTS	/ SPECIMEN SIGNATURES
Ŭ	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 disqualification 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 Above Printed Name Left Thumb	Right Thumb
	EO / Administering Officer 1. 2.	3.
	(Signature above Printed Name)  Part 3  ACTION BY THE ELECTION REGISTRATION BOARD	
	Month Day Year	
	Approved [ ] - [ ] - [ ]   With precinct assignment No.	
	Disapproved Date Reason for disapproval	
	Member Chairman of the Board	Member
		Signature above Printed Name)
	Part 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election CITY/MUN/	Officer)
	DISTRICT CODE	
	Prov Code PRECINCT NO. Month Day DAT	Year 'E OF BIRTH
	ACKNOWLEDGEMENT RECEIPT	Application No.
	Application for Decistration	This is to acknowledge receipt of your Application for
	Application for Registration registrat  registrat  Figure 1. Figur	ion. You are not yet registered unless approved by the Registration Board (ERB). You need not appear in the ring unless required through a written notice.
	First	пту атего гециней иноидн a whiteh house.
		Interviewer Signature above Printed Name

VOTING RECORD

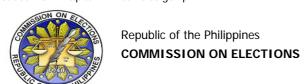
VOTING RECORD	Dellet No	Voter's		
DATE	Ballot No.	Thumbmark	Signature	Chairman's Signature



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Last	Assisted by:			
First	(Please fill-up Assistor's Oath)			
Middle	Gender			
;	Male Female			
RESIDENCE/ADDRESS Province	Height Weight			
City/Municipality Barangay	DATE OF BIRTH			
	Month Day Year			
House No. / Street	PLACE OF BIRTH			
CITIZENSHIP By Birth Naturalized Reacquired  (If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	City/Mun Province			
Date of Naturalization/ Month Day Year Certificate No./Order of Approval  Reacquisition	CIVIL STATUS Single Widow/er			
PERIOD OF RESIDENCE  No. of Years  No. of Years  No. of Years	Married Legally Separated			
In the City / Mun	Name of Spouse, if married			
PROFESSION / OCCUPATION TIN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
NAME OF FATHER NAME OF MOTHER				
Last Last Last				
First First First				
Middle	<del></del>			
Part 2 OATH ROLLED THUMBPRINTS	/ SPECIMEN SIGNATURES			
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,,, ,,, ,,,,				
DATE				
Above Printed Name Left Thumb	Right Thumb			
EO / Administering Officer 1. 2. (Signature above Printed Name)	3			
Part 3 ACTION BY THE ELECTION REGISTRATION BOARD				
Approved       -				
Disapproved Date Reason for disapproval				
Member Chairman of the Board (Signature above Printed Name) (Signature above Printed Name)	Member			
Part 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)  (Signature above Printed Name)				
CITY/MUN/ DISTRICT CODE				
Prov Code PRECINCT NO. Month Day DATE	Year OF BIRTH			



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House No. / Street	PLACE OF BIRTH
CITIZENSHIP By Birth Naturalized Reacquired  (If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	City/Mun Province
Data of Naturalization / Month Day Von Cartiforts No (Order of Assessed	CIVIL STATUS
Date of Naturalization/ Month Day Year Certificate No./Order of Approval  Reacquisition	CIVIL STATUS Single Widow/er
PERIOD OF RESIDENCE	Married Legally
No. of Years No. of Months No. of Years	Separated
In the City / Mun I I I I in the Philippines I I I I I I I I I I I I I I I I I I I	Name of Spouse, if married
PROFESSION / OCCUPATIONTIN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NAME OF FATHER NAME OF MOTHER	
Last	
First First First	
Middle Middle Middle	
Part 2 OATH ROLLED THUMBPRINTS	/ SPECIMEN SIGNATURES
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,, ,,, ,,,-,	
DATE     -       -	
Month Day Year Signature of Applicant	Right Thumb
Month Day Year Signature of Applicant Above Printed Name Left Thumb	Right Thumb
Month Day Year Signature of Applicant Above Printed Name Left Thumb  EO / Administering Officer 1. 2.  (Signature above Printed Name)	Right Thumb
Month Day Year Signature of Applicant Above Printed Name Left Thumb  EO / Administering Officer 12.	-
Month Day Year Signature of Applicant Above Printed Name Left Thumb  EO / Administering Officer 1. 2.  (Signature above Printed Name)  Part 3  ACTION BY THE ELECTION REGISTRATION BOARD	-
Month Day Year Signature of Applicant Above Printed Name Left Thumb  EO / Administering Officer 1. 2.  (Signature above Printed Name)  Part 3  ACTION BY THE ELECTION REGISTRATION BOARD  Month Day Year	-
Month Day Year Signature of Applicant Above Printed Name Left Thumb  EO / Administering Officer 1	3.
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