



Instruction : **Fill-in completely and legibly the appropriate spaces and check appropriate choice/s in ovals.**

☐ **APPLICATION FOR REGISTRATION** (Accomplish Personal Information at the back)

Note: (For Applicant/s with existing Registration Records)

I, _____, Filipino, born on _____, a duly registered voter in Precinct No. _____ of Barangay _____, City/Municipality of _____, Province of _____, do HEREBY APPLY FOR: (Check appropriate box/es)

☐ **APPLICATION FOR TRANSFER OF REGISTRATION RECORD**

☐ within the same City/Municipality/District ☐ from another City/Municipality/District (Accomplish Personal Information at the back).

My New Residence is:

House No. & Street _____

Barangay _____ City/Municipality _____ Province _____

I have resided in my new residence for _____ years and for _____ months.

☐ **APPLICATION FOR REACTIVATION OF REGISTRATION RECORD**

Reason for Deactivation:

- ☐ 1. Sentenced by final judgment to suffer imprisonment for not less than one (1) year;
- ☐ 2. Convicted by final judgment of a crime involving disloyalty to the duly constituted government, etc.;
- ☐ 3. Declared by competent authority to be insane or incompetent;
- ☐ 4. Failed to vote in two (2) successive preceding regular elections;
- ☐ 5. Loss of Filipino citizenship; or
- ☐ 6. Exclusion by a court order.
- ☐ 7. Failure to Validate

That said ground no longer exists, as evidenced by the attached certification/order of the court (in cases of 1,2,3,5, and 6).

☐ **APPLICATION FOR CHANGE OF NAME DUE TO MARRIAGE OR COURT ORDER/CORRECTION OF ENTRIES IN THE VOTERS' REGISTRATION RECORD**

(Attach required supporting documents such as Certified Copy or Certificate of Court Order or Certificate of Live Birth, and others)

Present Data/Information: _____

New/Corrected Data/Information: _____

☐ **APPLICATION FOR INCLUSION OF RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT OF NAME IN THE LIST OF VOTERS**

- ☐ Inclusion of VRR in the precinct book of voters
- ☐ Reinstatement of the name of the registered voter which has been omitted in the list of voters


I do hereby request that my name which has been omitted in the list of voters/my registration record which has not been included in the precinct book of voters of Precinct No. _____, be reinstated/included therein. The said reinstatement of name/inclusion of registration record is necessary and valid.

IN WITNESS WHEREOF, I hereunto affix my signature this _____ day of _____, 20____ at _____, Province of _____, Philippines.

Signature above printed name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

[illegible]

Part 1 PERSONAL INFORMATION (To be filled out by Applicant)

NAME				<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability <input type="checkbox"/> Indigenous People			
Last							Assisted by: _____ <small>(Please fill-up Supplemental Data Form/Assistant's Oath)</small>
First							
Middle							
RESIDENCE/ADDRESS							
Province							
City/Municipality		Barangay					
House No. / Street							
CITIZENSHIP							
_____		<input type="checkbox"/> By Birth		<input type="checkbox"/> Naturalized		<input type="checkbox"/> 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 _____		
PERIOD OF RESIDENCE							
No. of Years In the City/Mun [][]		No. of Months [][]		No. of Years In the Philippines [][]			
PROFESSION / OCCUPATION _____							
TIN				[][][][]		[][][][]	
				[][][][]			
SEX							
<input type="checkbox"/> Male		<input type="checkbox"/> Female					
DATE OF BIRTH							
[][] Month		[][] Day		[][][][] Year			
PLACE OF BIRTH							
City/ Mun _____							
Province _____							
CIVIL STATUS							
<input type="checkbox"/> Single							
<input type="checkbox"/> Married							
Name of Spouse, If Married _____							

PART 2

OATH

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> REGISTRATION </div> <div style="text-align: center;"> <input type="checkbox"/> TRANSFER </div> </div> <p>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 and that I am <input type="checkbox"/> not registered in any precinct or <input type="checkbox"/> registered in a precinct of another City/Municipality/District in the Philippines. Further, I give consent to the processing of the Information stated herein by the Commission on Elections for registration, election and other purposes as may be provided by law including B.P. Blg. 881, R.A. No. 8189, R.A. No. 10367 and R.A. 10173 also known as the Data Privacy Act of 2012.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> Date <table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="height: 20px;"></td></tr> </table> Month </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="height: 20px;"></td></tr> </table> Day </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 60px;"> <tr><td style="height: 20px;"></td></tr> </table> Year </div> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant Above Printed Name </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> EO / Administering Officer (Signature above Printed Name) </div>				<div style="display: flex; justify-content: space-around; align-items: center; margin-bottom: 20px;"> <div style="text-align: center;"> <div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Left Thumb</p> </div> <div style="text-align: center;"> <div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Right Thumb</p> </div> </div> <div style="margin-bottom: 20px;"> 1 _____ </div> <div style="margin-bottom: 20px;"> 2 _____ </div> <div> 3 _____ </div>

Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div> Month <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> Day <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> Year <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> </div> <div>DATE</div> </div> <div>Reason for disapproval</div>	With Precinct Assignment No. <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px dashed black;" type="text"/>
Member (Signature above Printed Name)	Chairman of the Board (Signature above Printed Name)	Member (Signature above Printed Name)

Part 4 **VOTER'S IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

Part I <div style="border: 1px dashed black; width: 100px; height: 30px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Prov Code City/Mun/ </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div> Dist. Code </div>	Part II <div style="display: flex; justify-content: space-around; align-items: center; margin: 5px 0;"> <div style="border: 1px dashed black; width: 100px; height: 30px;"></div> <div style="border: 1px dashed black; width: 50px; height: 30px;"></div> </div> <div style="text-align: center; margin-top: 5px;"> Precinct Assignment </div>	Part III <div style="border: 1px dashed black; width: 200px; height: 30px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> Month Day Year Name Code </div> <div style="text-align: center; margin-top: 5px;"> Birth Code </div>
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ACKNOWLEDGEMENT RECEIPT														
Type of Application <input type="radio"/> Registration <input type="radio"/> Transfer <input type="radio"/> Reactivation	Application No. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>This is to acknowledge receipt of your application. Your application is subject for Approval/Disapproval by the Election Registration Board (ERB). You need not appear in the ERB hearing unless required through a written notice. Date of ERB Hearing _____</p>													
Application for Registration Last <div style="border: 1px solid black; height: 20px; width: 100%;"></div> First <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Middle <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="radio"/> Transfer with Reactivation <input type="radio"/> Change of Name/Correction of Entry <input type="radio"/> Reinstatement/Inclusion													



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IN WITNESS WHEREOF, I hereunto affix my signature this _____ day of _____, 20____ at _____, Province of _____, Philippines.

Signature above printed name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

[illegible]

Part 1 PERSONAL INFORMATION (To be filled out by Applicant)

<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> NAME </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Last</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">First</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Middle</div> </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> Illiterate </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> Person with Disability </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> Indigenous People </div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Assisted by: _____ <small>(Please fill-up Supplemental Data Form/Assistor's Oath)</small> </div>	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> RESIDENCE/ADDRESS </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Province</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City/Municipality</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">House No. / Street</div> </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Barangay</div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> CITIZENSHIP _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> By Birth</div> <div><input type="checkbox"/> Naturalized</div> <div><input type="checkbox"/> Reacquired</div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> <i>(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)</i> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date of Naturalization/ Reacquisition</div> </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Month</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Day</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Year</div> </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Certificate No. /Order of Approval</div> </div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PERIOD OF RESIDENCE </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">No. of Years</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">In the City/Mun</div> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">No. of Months</div> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">No. of Years</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">In the Philippines</div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PROFESSION / OCCUPATION </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> TIN </div> </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> Single </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> Married </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Name of Spouse, If Married </div> </div> </div>	

PART 2	OATH	ROLLED THUMBPRINTS / SPECIMEN SIGNATURES
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<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> REGISTRATION </div> <div style="text-align: center;"> <input type="checkbox"/> TRANSFER </div> </div> <p>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 and that I am <input type="checkbox"/> not registered in any precinct or <input type="checkbox"/> registered in a precinct of another City/Municipality/District in the Philippines. Further, I give consent to the processing of the Information stated herein by the Commission on Elections for registration, election and other purposes as may be provided by law including B.P. Blg. 881, R.A. No. 8189, R.A. No. 10367 and R.A. 10173 also known as the Data Privacy Act of 2012.</p> <div style="display: flex; align-items: center; margin-top: 20px;"> Date <div style="display: flex; gap: 10px;"> <div style="border: 1px dashed black; padding: 2px 5px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="border: 1px dashed black; padding: 2px 5px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="border: 1px dashed black; padding: 2px 5px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Day Year </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant Above Printed Name </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> EO / Administering Officer (Signature above Printed Name) </div> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 20px;"> <div style="border: 2px solid black; width: 120px; height: 100px; margin: 0 auto;"></div> <div style="border: 2px solid black; width: 120px; height: 100px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 20px;"> Left Thumb Right Thumb </div> <div style="margin-bottom: 20px;"> 1 _____ </div> <div style="margin-bottom: 20px;"> 2 _____ </div> <div> 3 _____ </div>
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Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<div style="text-align: center;">Month</div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="text-align: center;">Day</div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="text-align: center;">Year</div> <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="text-align: right;">With Precinct Assignment No.</div> <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
		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'S IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

Part I <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Prov Code City/Mun/ Dist. Code </div>	Part II <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px dashed black; height: 20px; width: 60%;"></div> <div style="border: 1px dashed black; height: 20px; width: 20%;"></div> </div> <p>Precinct Assignment</p>	Part III <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Month Day Year Name Code </div> <p>Birth Code</p>
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Signature above printed name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

[illegible]**Part 1** **PERSONAL INFORMATION (To be filled out by Applicant)**

NAME				<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability <input type="checkbox"/> Indigenous People			
Last							Assisted by: _____ <small>(Please fill-up Supplemental Data Form/Assistant's Oath)</small>
First							
Middle							
RESIDENCE/ADDRESS							
Province							
City/Municipality		Barangay					
House No. / Street							
CITIZENSHIP							
_____		<input type="checkbox"/> By Birth		<input type="checkbox"/> Naturalized		<input type="checkbox"/> 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 _____		
PERIOD OF RESIDENCE							
No. of Years In the City/Mun [][]		No. of Months [][]		No. of Years In the Philippines [][]			
PROFESSION / OCCUPATION _____							
TIN				[][][][]		[][][][]	
				[][][][]			
SEX							
<input type="checkbox"/> Male		<input type="checkbox"/> Female					
DATE OF BIRTH							
[][] Month		[][] Day		[][][][] Year			
PLACE OF BIRTH							
City/ Mun _____							
Province _____							
CIVIL STATUS							
<input type="checkbox"/> Single							
<input type="checkbox"/> Married							
Name of Spouse, If Married _____							

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ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

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Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Month <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 2px;"></div>	Day <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 2px;"></div>	Year <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 2px;"></div>	Reason for disapproval <div style="border-bottom: 1px solid black; height: 30px; margin-top: 5px;"></div>	With Precinct Assignment No. <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 2px;"></div>
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 Member
 (Signature above Printed Name)

 Chairman of the Board
 (Signature above Printed Name)

 Member
 (Signature above Printed Name)

Part 4 **VOTER'S IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

Part I <div style="border: 1px dashed black; width: 100px; height: 30px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Prov Code City/Mun/ </div> <div style="text-align: center; margin-top: 5px;">Dist. Code</div>	Part II <div style="display: flex; justify-content: space-around; align-items: center; margin: 5px 0;"> <div style="border: 1px dashed black; width: 100px; height: 30px;"></div> <div style="border: 1px dashed black; width: 50px; height: 30px;"></div> </div> <div style="text-align: center; margin-top: 5px;">Precinct Assignment</div>	Part III <div style="border: 1px dashed black; width: 200px; height: 30px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Month Day Year Name Code </div> <div style="text-align: center; margin-top: 5px;">Birth Code</div>
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