

 <div style="margin-left: 20px;">             Republic of the Philippines              Province of _____              Municipality of _____  <b>APPLICATION FOR MUNICIPAL FISHERFOLK REGISTRATION</b> </div>		<b>Attach Photo Here</b> <b>(1 1/2" x 1 1/2")</b> <i>Photo should be taken within the last six (6) months</i>
Registration No.: <input type="checkbox"/> New Registration <input type="checkbox"/> Transferee Registration Date: <input type="checkbox"/> Renewal		
<b>1. PERSONAL INFORMATION</b>		
Complete Name <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs Salutation                      Last Name                      First Name                      Middle Name                      Appellation (Sr, Jr, III)		
Address  Street/Barangay                      City/Municipality                      Province		
Fishing Ground:	FMA Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Contact No. (Cellphone, Telephone)		Resident of Municipality since (Indicate the year)
Age	Date of Birth <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> (MM - DD - Y Y Y Y)	Place of Birth (Municipality, Province)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	No. of Children
Total Number of Households: _____ No. of Male: _____      No. of In-School: _____      No. of Employed: _____ No. of Female: _____      No. of Out-of-School: _____      No. of Unemployed: _____		
Educational Background <input type="checkbox"/> Elementary <input type="checkbox"/> Vocational <input type="checkbox"/> Post-Graduate <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Others (pls. specify) _____		
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others (pls. specify) _____		Religion <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant Christian <input type="checkbox"/> Iglesia Ni Cristo <input type="checkbox"/> Aglipayan <input type="checkbox"/> Islam <input type="checkbox"/> No Religion <input type="checkbox"/> Others _____
HOUSEHOLD MONTHLY INCOME (Php) <input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-20,000 <input type="checkbox"/> 20,000-30,000 <input type="checkbox"/> 30,001-40,000 <input type="checkbox"/> More than 40,000		Other Source of Income Farming/Fishing: _____      Income Value: _____
Person to notify in case of emergency: (First Name, Last Name)	Relationship:	Contact No. (Cellphone, Telephone)
	Address: (Barangay, Municipality, Province)	
With Voter's ID? <input type="checkbox"/> Yes                      - ID No. _____ <input type="checkbox"/> None	CCT/4Ps <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indigenous Cultural Community (IP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Barangay Verification      (verified true and corrected by)		
Signature	Name	Position      Date

2. LIVELIHOOD		
<b>Main Source of Income:</b> <input type="checkbox"/> Capture Fishing <i>(specify gear used)</i> _____ <input type="checkbox"/> Aquaculture <i>(specify culture method used)</i> _____ <input type="checkbox"/> Fish Vending <input type="checkbox"/> Gleaning <input type="checkbox"/> Fish Processing <input type="checkbox"/> Others <i>(pls. specify)</i> _____		<b>Other Sources of Income:</b> <input type="checkbox"/> Capture Fishing <i>(specify gear used)</i> _____ <input type="checkbox"/> Aquaculture <i>(specify culture method used)</i> _____ <input type="checkbox"/> Fish Vending <input type="checkbox"/> Gleaning <input type="checkbox"/> Fish Processing <input type="checkbox"/> Others <i>(pls. specify)</i> _____
3. ORGANIZATION		
Name of Organization	Member Since	Position/Official Designation
4. CERTIFICATION		THUMBMARK
<p>I have personally reviewed the information on this application and I certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct, and that I understand this information is subject to public</p> <p><i>(Signature over printed name of Applicant)</i> _____ <i>Date Accomplished</i> _____</p>		
5. FOR AUTHORIZED PERSONNEL ONLY		
<b>Reviewed by:</b> <i>(Signature over printed name)</i>  _____	<b>Certified correct by:</b> <i>(Signature over printed name)</i>  _____	<b>Approved by:</b> <i>(Signature over printed name)</i>  _____

