

INDIVIDUAL RECORD OF BARANGAY INHABITANT

REGION	<input type="text"/>	CITY/MUN	<input type="text"/>
PROVINCE	<input type="text"/>	BGY	<input type="text"/>

I. PERSONAL INFORMATION

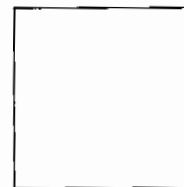
NAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Last)	(First)	(Middle)	(Ext)
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY	
PLACE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SEX:	<input type="checkbox"/> MALE	CIVIL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOW / ER
	<input type="checkbox"/> FEMALE		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED
CITIZENSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROFESSION/OCCUPATION:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCE ADDRESS :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	House No	Street Name	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Subdivision Name/Zone/Sitio/Purok	<input type="text"/>	<input type="text"/>

I hereby certify that the above information is true and correct to the best of my knowledge.

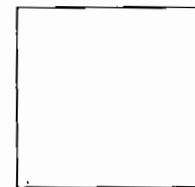
Date Accomplished

Name/Signature of Person Accomplishing the Form

Attested by:



Left
Thumbmark



Right
Thumbmark

Barangay Secretary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: The Household No. shall be filled up by the Barangay Secretary.

Household Number