


[illegible]

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

<b>NAME</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Last</div> <div style="width: 80%; border: 1px dashed black; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">First</div> <div style="width: 80%; border: 1px dashed black; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Middle</div> <div style="width: 80%; border: 1px dashed black; height: 25px;"></div> </div>				<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Illiterate         </div> <div style="text-align: center;"> <input type="checkbox"/> Person with Disability         </div> </div> <div style="text-align: center;"> <input type="checkbox"/> Indigenous People         </div>	
<b>RESIDENCE/ADDRESS</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">             Province <div style="border: 1px dashed black; width: 100%; height: 20px;"></div> </div> <div style="width: 35%;">             City/Municipality <div style="border: 1px dashed black; width: 100%; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 35%;">             Barangay <div style="border: 1px dashed black; width: 100%; height: 20px;"></div> </div> <div style="width: 60%;">             House No. / Street <div style="border: 1px dashed black; width: 100%; height: 20px;"></div> </div> </div>				<b>SEX</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> Male         </div> <div style="text-align: center;"> <input type="checkbox"/> Female         </div> </div>	
<b>CITIZENSHIP</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> By Birth         </div> <div style="width: 30%;"> <input type="checkbox"/> Naturalized         </div> <div style="width: 30%;"> <input type="checkbox"/> Reacquired         </div> </div> <p style="font-size: small; margin-top: 5px;">( If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">             Date of Naturalization/ Reacquisition             <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">             Month  <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">             Day  <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">             Year  <div style="border: 1px dashed black; width: 40px; height: 20px;"></div> </div> </div> </div> <div style="width: 55%;">             Certificate No. /Order of Approval  <div style="border: 1px dashed black; width: 100%; height: 20px;"></div> </div> </div>				<b>DATE OF BIRTH</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div>             Month         </div> <div style="text-align: center;"> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div>             Day         </div> <div style="text-align: center;"> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div>             Year         </div> </div>	
<b>PERIOD OF RESIDENCE</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">             No. of Years              In the City/Mun <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div> <div style="width: 30%;">             No. of Months  <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div> <div style="width: 35%;">             No. of Years              In the Philippines <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div> </div>				<b>PLACE OF BIRTH</b> <div style="margin-top: 10px;">             City/ Mun _____              Province _____         </div>	
<b>PROFESSION / OCCUPATION</b> <div style="margin-top: 10px;">             _____         </div>				<b>CIVIL STATUS</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> Single         </div> <div style="text-align: center;"> <input type="checkbox"/> Married         </div> </div> <div style="margin-top: 10px;">             Name of Spouse, If Married              _____         </div>	
<b>TIN</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> <div style="border: 1px dashed black; width: 20px; height: 20px;"></div> </div>					

**PART 2**

**OATH**

**ROLLED THUMBPRINTS / SPECIMEN SIGNATURES**

<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; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">             Date  <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Month         </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Day         </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Year         </div> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>             Signature of Applicant              Above Printed Name         </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>             EO / Administering Officer              (Signature above Printed Name)         </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 20px;"> <div style="text-align: center; width: 45%;"> <p>Left Thumb</p> </div> <div style="text-align: center; width: 45%;"> <p>Right Thumb</p> </div> </div> <div style="margin-top: 20px;"> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> </div>
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## 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>	<div>With Precinct Assignment No.</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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"/> </div>
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)*

<b>Part I</b> <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;"> <span>Prov Code</span> <span>City/Mun/</span> </div> <div style="text-align: center; margin-top: 5px;">Dist. Code</div>	<b>Part II</b> <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>	<b>Part III</b> <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;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Name Code</span> </div> <div style="text-align: center; margin-top: 5px;">Birth Code</div>
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<p><b>Type of Application</b></p> <p><input type="radio"/> Registration</p> <p><input type="radio"/> Transfer</p> <p><input type="radio"/> Reactivation</p> <p><b>Application for Registration</b></p> <p>Last <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>First <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>Middle <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p>	<p><b>ACKNOWLEDGEMENT RECEIPT</b></p> <p><input type="radio"/> Transfer with Reactivation</p> <p><input type="radio"/> Change of Name/Correction of Entry</p> <p><input type="radio"/> Reinstatement/Inclusion</p>	<p><b>Application No.</b></p> <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table> <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.</p> <p>Date of ERB Hearing _____</p>
<p>EO/ Interviewer Signature above Printed Name</p>		



**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

COPY FOR THE ELECTION OFFICER

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

<b>NAME</b>				<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability <input type="checkbox"/> Indigenous People												
Last																
First																
Middle																
<b>RESIDENCE/ADDRESS</b>																
Province																
City/Municipality								Barangay								
House No. / Street																
<b>CITIZENSHIP</b> _____ <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						
<b>PERIOD OF RESIDENCE</b>																
In the City/Mun				No. of Years		No. of Months		In the Philippines				No. of Years				
<b>PROFESSION / OCCUPATION</b>																
TIN																

<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female															
<b>DATE OF BIRTH</b> <div style="display: flex; justify-content: space-around;"> <span style="text-align: center;"> <input type="text"/><input type="text"/> Month         </span> <span style="text-align: center;"> <input type="text"/><input type="text"/> Day         </span> <span style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year         </span> </div>															
<b>PLACE OF BIRTH</b> City/ Mun _____  Province _____															
<b>CIVIL STATUS</b> <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"/> <b>REGISTRATION</b> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>TRANSFER</b> </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  <input style="width: 30px; height: 30px; border: 1px dashed black;" type="text"/>              Month         </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dashed black;" type="text"/>              Day         </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dashed black;" type="text"/>              Year         </div> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>             Signature of Applicant              Above Printed Name         </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>             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-top: 20px;"> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> </div>
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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: 0 auto;"></div>	Day <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 0 auto;"></div>	Year <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 0 auto;"></div>	With Precinct Assignment No. <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 0 auto;"></div>
_____ 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				Part II				Part III			
Prov Code	City/Mun/ Dist. Code			Precinct Assignment				Birth Code		Name Code	



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

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

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☐ **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.

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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;
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(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: \_\_\_\_\_

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- ☐ 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

COPY FOR THE PROVINCIAL ELECTION SUPERVISOR

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

<b>NAME</b>				<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							
<b>RESIDENCE/ADDRESS</b>							
Province							
City/Municipality		Barangay					
House No. / Street							
<b>CITIZENSHIP</b>							
_____		<input type="checkbox"/> By Birth		<input type="checkbox"/> Naturalized		<input type="checkbox"/> Reacquired	
<small>( If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition )</small>							
Date of Naturalization/ Reacquisition		Month [ ][ ]	Day [ ][ ]	Year [ ][ ][ ][ ]	Certificate No. /Order of Approval _____		
<b>PERIOD OF RESIDENCE</b>							
No. of Years In the City/Mun [ ][ ]		No. of Months [ ][ ]		No. of Years In the Philippines [ ][ ]			
<b>PROFESSION / OCCUPATION</b> _____							
<b>TIN</b>				[ ][ ][ ][ ]		[ ][ ][ ][ ]	
				[ ][ ][ ][ ]			
<b>SEX</b>							
<input type="checkbox"/> Male		<input type="checkbox"/> Female					
<b>DATE OF BIRTH</b>							
[ ][ ] Month		[ ][ ] Day		[ ][ ][ ][ ] Year			
<b>PLACE OF BIRTH</b>							
City/ Mun _____							
Province _____							
<b>CIVIL STATUS</b>							
<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; 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; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">             Date  <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Month           </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Day           </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px dotted black;" type="text"/>              Year           </div> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>       Signature of Applicant        Above Printed Name     </div> <div style="text-align: center; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 100%;"/>       EO / Administering Officer        (Signature above Printed Name)     </div>	<div style="display: flex; justify-content: space-around; 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-top: 20px;"> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> </div>
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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: 0 auto;"></div>	Day <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 0 auto;"></div>	Year <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 0 auto;"></div>	Reason for disapproval <div style="border-bottom: 1px solid black; height: 30px; margin-top: 10px;"></div>	With Precinct Assignment No. <div style="border: 1px dashed black; width: 60px; height: 30px; margin: 0 auto;"></div>
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 Member  
 (Signature above Printed Name)

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 Chairman of the Board  
 (Signature above Printed Name)

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 Member  
 (Signature above Printed Name)

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

<b>Part I</b> <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Prov Code</span> <span>City/Mun/</span> </div> <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Dist. Code</div>	<b>Part II</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px dashed black; height: 20px; width: 40%;"></div> <div style="border: 1px dashed black; height: 20px; width: 20%;"></div> </div> <div style="text-align: center; font-size: small;">Precinct Assignment</div>	<b>Part III</b> <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="border: 1px dashed black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: small;">Name Code</div> <div style="text-align: center; font-size: small; margin-top: 5px;">Birth Code</div>
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**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

COPY FOR THE CENTRAL FILE