

CERTIFICATE OF INDIGENCE

Barangay: _____

Municipality/City: _____

Province: _____

This is to certify that the person whose name appears below is a bonafide resident of this barangay and belongs to an indigent family based on the assessment and record of this office.

Name of Applicant: _____

Address: _____

Purpose: _____

This certification is issued upon the request of the above-named person for whatever legal purpose it may serve.

Issued this _____ day of _____, 20____ at Barangay _____.

Prepared by:

Barangay Secretary

Approved by:

Barangay Captain