



BI FORM 2014-08-015 Rev 0

APPLICATION FORM FOR ALIEN CERTIFICATE OF  
REGISTRATION IDENTITY CARD (ACR I-CARD) CERTIFICATION

This document may be reproduced and is NOT FOR SALE

DOCUMENT(s) TO BE CERTIFIED TRUE COPY:

COPIES TO BE CERTIFIED TRUE COPY:

APPLICANT’S PERSONAL INFORMATION

Last Name

First/Given Name

Middle Name

Other Name(s)/ Alias(es)

1

2

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Gender

M

F

Place of Birth

Citizenship/Nationality

Residential/Registered Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

Passport Number

Contact Number(s) in the Philippines

Landline

Mobile

Email Address

Purpose:

Signature of the Requesting Party

Printed Name of the Requesting Party

Date [DD-MMM-YYYYe.g.01 JAN 1990]

Verified by :  
Date/time :  
Remarks :

ARD Window

Date & Time RECEIVED:   
Date & Time RELEASED:



ACR I-CARD CERTIFICATION CLAIM STUB

Name of SUBJECT [Last Name, First/Given Name, Middle Name]

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Citizenship/Nationality

- Always present this claim stub upon claiming your certificate.
- Unclaimed certificate shall be automatically cancelled after 30 days from the date of issuance.
- If claimed by an authorized representative, present a Special Power of Attorney (SPA) and original valid government-issued ID.

Date & Time FILED

Date & Time RELEASED

Proceed to WINDOW