



CITY GOVERNMENT OF PASIG
Person with Disability Affairs Office PDAAO
DEPARTMENT OF HEALTH

Philippine Registry for Person With Disability Version 3.0



NEW: _____ RENEWAL: _____ LOST: _____ REPLACEMENT: _____ TRANSFER: _____

1. PERSONS WITH DISABILITY NUMBER (RR-PPMM-000-NNNNNNN)*				2. DATE APPLIED: *		Place 1x1 Photo Here				
3. PERSONAL INFORMATION* <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LAST NAME: *</td> <td>FIRST NAME: *</td> <td>MIDDLE NAME: *</td> <td>SUFFIX: *</td> </tr> </table>							LAST NAME: *	FIRST NAME: *	MIDDLE NAME: *	SUFFIX: *
LAST NAME: *	FIRST NAME: *	MIDDLE NAME: *	SUFFIX: *							
4. DATE OF BIRTH *				5. RELIGION: *						
6. ETHNIC GROUP		7. SEX: *		8. CIVIL STATUS: *		9. BLOOD TYPE: *				
<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/er <input type="radio"/> Cohabitation (live-in)		<input type="radio"/> O+ <input type="radio"/> O- <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> O+ <input type="radio"/> O-						
10. TYPE OF DISABILITY: *				11. CAUSE OF DISABILITY: *						
<input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Orthopedic Disability				<input type="checkbox"/> Physical Disability <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Visual Disability						
12. RESIDENCE ADDRESS: *				13. CAUSE OF DISABILITY: *						
House No. And Street: *		Barangay: *		Municipality: *		Province: *				
						Region: *				
13. CONTACT DETAILS										
Landline Number: *		Mobile Number: *		Email Address: *						
14. EDUCATIONAL ATTAINMENT: *		15. STATUS OF EMPLOYMENT: *		16. OCCUPATION: *						
<input type="checkbox"/> None <input type="checkbox"/> Elementary Education <input type="checkbox"/> High School Education <input type="checkbox"/> College <input type="checkbox"/> Postgraduate Program <input type="checkbox"/> Non-Formal Education <input type="checkbox"/> Vocational		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed		<input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technician and Associate Professionals <input type="checkbox"/> Clerical Support Workers <input type="checkbox"/> Service and Sales Workers <input type="checkbox"/> Skilled Agricultural, Forestry & Fishery Workers <input type="checkbox"/> Plant and Machine Operators & Assemblers <input type="checkbox"/> Elementary Occupations <input type="checkbox"/> Armed Forces occupations Others, specify: _____						
		15a. CATEGORY OF EMPLOYMENT: *								
		<input type="checkbox"/> Government <input type="checkbox"/> Private								
		15b. TYPES OF EMPLOYMENT: *								
		<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Emergency								
17. ORGANIZATION INFORMATION:										
Organization Affiliated: *		Contact Person: *		Office Address: *		Tel. Nos.: *				
18. ID REFERENCE NO.:										
SSS NO.:		GSIS NO.:		Pag-IBIG NO.:		PHILHEALTH NO.:				
19. FAMILY BACKGROUND										
FATHER'S NAME:		LAST NAME		FIRST NAME		MIDDLE NAME				
MOTHER'S NAME:										
GUARDIAN'S NAME:										
20. ACCOMPLISHED BY: *										
20a. NAME OF REPORTING UNIT:										
21. REGISTRATION NUMBER:										

APPLICATION REQUIREMENTS

FOR NEW APPLICANT		
<ul style="list-style-type: none"> PWD Application Form Recent Medical Certificate of Disability with Doctor's Signature, PTR & License Number Voter's ID/Registration Brgy. Certificate (if not a registered voter of Pasig City) 	<ul style="list-style-type: none"> 2pcs 1x1 ID picture 1 whole body picture holding a recent calendar (proof of life) Copy of Birth Certificate 	<ul style="list-style-type: none"> Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.

FOR ID RENEWAL		
<ul style="list-style-type: none"> PWD Application Form Old or New Medical Certificate of Disability with Doctor's Signature, PTR & License Number Voter's ID/Registration 	<ul style="list-style-type: none"> 2pcs 1x1 ID picture 1 whole body picture holding a recent calendar (proof of life) Copy of Birth Certificate 	<ul style="list-style-type: none"> Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.

FOR LOST ID: Please submit application form, copy of medical certificate, proof of life (picture with recent calendar) and affidavit of loss.