



**CITY GOVERNMENT OF PASIG**  
**Person with Disability Affairs Office PDOA**  
**DEPARTMENT OF HEALTH**

Philippine Registry for Person With Disability Version 3.0



NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ LOST: \_\_\_\_\_ REPLACEMENT: \_\_\_\_\_ TRANSFER: \_\_\_\_\_

1. PERSONS WITH DISABILITY NUMBER (RR-PPMM-SSB-NNNNNNNN)*		2. DATE APPLIED:*		Place 1x1 Photo Here	
LAST NAME:*	FIRST NAME:*	MIDDLE NAME:*	SUFFIX:		
4. DATE OF BIRTH:*		AGE:*	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"/> Cohabitation (live-in) <input type="radio"/> Widow(er)		<input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> AB+ <input type="radio"/> AB- <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:*		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: _____	
17. ORGANIZATION INFORMATION:		15a. CATEGORY OF EMPLOYMENT:*		15b. TYPES OF EMPLOYMENT:*	
Organization Affiliated:		Contact Person:	Office Address:	Tel. Nos.:	
18. ID REFERENCE NO.: SSS NO.: GSIS NO.:		Pag-IBIG NO.:	PHILHEALTH NO.:		
19. FAMILY BACKGROUND		LAST NAME	FIRST NAME	MIDDLE NAME	
FATHER'S NAME:					
MOTHER'S NAME:					
GUARDIAN'S NAME:					
20. ACCOMPLISHED BY:*					
20a. NAME OF REPORTING UNIT:					
21. REGISTRATION NUMBER:					

**APPLICATION REQUIREMENTS**

**FOR NEW APPLICANT**

- \* 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)
- \* 2pcs 1x1 ID picture
- \* 1 whole body picture holding a recent calendar (**proof of life**)
- \* Copy of Birth Certificate
- \* Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.

**FOR ID RENEWAL**

- \* PWD Application Form
- \* Old or New Medical Certificate of Disability with Doctor's Signature, PTR & License Number
- \* Voter's ID/Registration
- \* 2pcs 1x1 ID picture
- \* 1 whole body picture holding a recent calendar (**proof of life**)
- \* Copy of Birth Certificate
- \* 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.