



**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 (JAF-PFMM-BBS-TOUNGUNGVA)*				2. DATE AFFIRMED*		Place 1x1 Photo Here
3. PERSONAL INFORMATION*						
LAST NAME*		FIRST NAME*		MIDDLE NAME*		SUFFIX
4. DATE OF BIRTH*		AGE*		5. RELIGION:		6. ETHNIC GROUP
7. SEX: <input type="radio"/> Male <input type="radio"/> Female		8. CIVIL STATUS: * <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widower <input type="radio"/> Widow/er <input type="radio"/> Cohabitation [live-in]		9. BLOOD TYPE: <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. RESIDENCY ADDRESS*						
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: *				15B. TYPES OF EMPLOYMENT:*		
<input type="checkbox"/> Government <input type="checkbox"/> Private				<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. No.:
18. ID REFERENCE NO.:		SSS 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**

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

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|---|--|--|
| <ul style="list-style-type: none"> <li>• PWD Application Form</li> <li>• Old or New Medical Certificate of Disability with Doctor's Signature, PTR &amp; License Number</li> <li>• Voter's ID/Registration</li> </ul> | <ul style="list-style-type: none"> <li>• 2pcs 1x1 ID picture</li> <li>• 1 whole body picture holding a recent calendar (proof of life)</li> <li>• Copy of Birth Certificate</li> </ul> | <ul style="list-style-type: none"> <li>• Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.</li> </ul> |
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**FOR LOST ID:** Please submit application form, copy of medical certificate, proof of life (picture with recent calendar) and affidavit of loss.