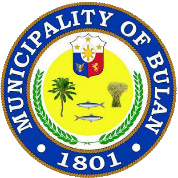
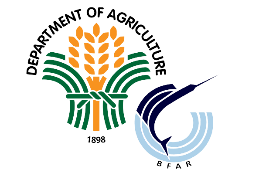
****

**Attach Photo Here**

(1 ½ x 1 ½ )

Photo should be taken within the last six (6) months

**Republic of the Philippines**

**Region V**

**Municipality of Bulan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration No:** | ${reg\_no} |  | New Registration |
| **Registration Date:** | ${reg\_date} |  | Renewal |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Complete Name** | | | | | | | | | | | | | | | | | | | |
| ${a} | ${b} | | ${c} | | ${lastname} | | | | ${firstname} | | | | ${middlename} | | | | | ${suffix} | |
| *Salutation* | | | | | *Last Name* | | | | *First Name* | | | | *Middle Name* | | | | | *Appellation(Sr.,Jr.III)* | |
| **Address** | | | | | | | | | | | | | | | | | | | |
| ${address} | | | | | | | | | | | | | | | | | | | |
| **Contact No.** *(Cell Phone, Telephone)* | | | | | | | | | | **Resident of Municipality since** | | | | | | | | | |
| ${contact\_no} | | | | | | | | | | *(indicate the year)* | | | | | | ${resident\_since} | | | |
| **Age** | | **Date of Birth** | | | ${mm\_dd\_yyyy} | | | | | **Place of Birth** *(Municipality, Province)* | | | | | | | | | |
| ${age} | |  | | | ***(****M M – DD – Y Y Y Y)* | | | | | ${birth\_place} | | | | | | | | | |
| **Gender** | | | | | | **Civil Status** | | | | | | | | | **No. of Children** | | | | |
| ${d} Male | | | | ${e} Female | | ${h} Single | | | | ${i} Legally Separated | | | | | ${children\_count} | | | | |
| ${j} Married | | | | ${k} Widowed | | | | |
| **Nationality** | | | | | | **Educational Background** | | | | | | | | | | | | | |
| ${m} Filipino | | | | | | ${o} Elementary | | | | | ${q} Vocational | | | | | | ${s} Post-Graduate | | |
| ${n} Others (*Pls. specify)* ${others} | | | | | | ${p} High School | | | | | ${r} College | | | | | | ${t} Others *(pls specify)* | | |
|  | | | | | | ${educ} | | | | | | | | | | | | | |
| **Person to notify in case of emergency:** | | | | | | **Relationship:** | | | | | | | | **Contact No.** | | | | | |
| ${emContact} | | | | | | ${em\_relationship} | | | | | | | | ${em\_contact} | | | | | |
| **Address:** ${em\_address} | | | | | | | | | | | | | |
| **2. LIVELIHOOD** | | | | | | | | | | | | | | | | | | | |
| **Main Sources of Income:** | | | | | | | | | | **Other Sources of Income:** | | | | | | | | | |
| ${u} Capture Fishing (*specify gear used*) ${gear\_used} | | | | | | | | | | ${uu} Capture Fishing (*specify gear used*) ${gear\_used\_os} | | | | | | | | | |
| ${v} Aquaculture (*specify culture method used*) ${culture\_used} | | | | | | | | | | ${vv} Aquaculture (*specify culture method used*) ${culture\_used\_os} | | | | | | | | | |
| ${w} Fish Vending | | | | | | | | | | ${ww} Fish Vending | | | | | | | | | |
| ${x} Gleaning | | | | | | | | | | ${xx} Gleaning | | | | | | | | | |
| ${y} Fish Processing | | | | | | | | | | ${yy} Fish Processing | | | | | | | | | |
| ${z} Other (*please specify*) ${specify} | | | | | | | | | | ${zz} Other (*please specify*) ${specify\_os} | | | | | | | | | |
| **3. ORGANIZATION** | | | | | | | | | | | | | | | | | | | |
| **Name of Organization** | | | | | | | | **Member Since** | | | | **Position/Official Designation** | | | | | | | |
| ${org\_name} | | | | | | | | ${member\_since} | | | | ${position} | | | | | | | |
| **4. CERTIFICATION** | | | | | | | | | | | | | | | | | | | **Thumbmark** |
| I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct, and that I understand this information is subject to public disclosure. | | | | | | | | | | | | | | | | | | |  |
| ${fullname} | | | | | | | | ${date\_accomplished} | | | | | | | | | | |
| *Signature over Printed Name of Applicant* | | | | | | | | *Date Accomplished* | | | | | | | | | | |
| **5. FOR AUTHORIZED PERSONNEL ONLY** | | | | | | | | | | | | | | | | | | | |
| Reviewed by: | | | | | | | Certified correct by: | | | | | | | Approved by: | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | |
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| *Signature over Printed Name* | | | | | | | *Signature over Printed Name* | | | | | | | *Signature over Printed Name* | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | |

**APPLICATION FOR MUNICIPAL FISHERFOLK REGISTRATION**