



Republic of the Philippines  
Province of Bulacan  
**CITY OF MALOLOS**

**OFFICE OF THE SENIOR CITIZENS AFFAIRS (OSCA)**

## REGISTRATION FORM

### REQUIREMENTS:

☐ **NEW**

1. 2pcs 1x1 pictures
2. Xerox of Birth certificate or any valid ID with date of Birth

☐ **LOST**

1. 1x1 picture
2. Xerox of Birth certificate or any valid ID with date of Birth
3. Affidavit of loss

☐ **REPLACEMENT**

1. 2pcs 1x1 pictures
2. Xerox of Birth certificate or any valid ID with date of Birth
3. Surrender old ID or Booklet

☐ **TRANSFER**

1. 2pcs 1x1 pictures
2. Xerox of Birth certificate or any valid ID with date of Birth
3. Cancellation cert.
4. Barangay Clearance

NAME: sad sad sad AGE: 0 SEX: Male

DATE OF BIRTH: 2025-01-09 PLACE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CIVIL STATUS: \_\_\_\_\_ NAME OF HUSBAND/WIFE: \_\_\_\_\_

EDUCATIONAL ATTAINMENT: \_\_\_\_\_

OCCUPATION / RETIRED: \_\_\_\_\_

CONTACT PERSON IN CASE OF EMERGENCY: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

***I hereby subscribed and sworn that all the information given in this registration form are true and correct, and I am not a holder of any OSCA ID issued by the other Cities or Municipalities, and avow under the penalty of Law to the truth of its contents.***

\_\_\_\_\_  
Signature or Thumb mark of Senior Citizen

RECEIVED AND VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY:

ANGELO L. SANTIAGO  
OSCA Head

ISSUED BY: \_\_\_\_\_

ID ISSUED: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

BOOKLET: Medicine: \_\_\_\_\_

Grocery: \_\_\_\_\_