



# COMMISSION ON FILIPINOS OVERSEAS

## INFORMATION SHEET FOR FILIPINO EMIGRANTS

PHOTO

INSTRUCTIONS : Please PRINT letters in the spaces provided.  
Please CHECK (✓) appropriate box(es).

### (FOR CFO USE ONLY)

CFO No. / Emigrant No. \_\_\_\_\_

OR # \_\_\_\_\_

GCC Form # \_\_\_\_\_

Issue Date [ mm-dd-yyyy ] \_\_\_\_\_

Category \_\_\_\_\_

Reg. Date [ mm-dd-yyyy ] \_\_\_\_\_

Verifier \_\_\_\_\_

### PERSONAL DATA

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
*If married, please state mother's maiden name* \_\_\_\_\_

DATE OF BIRTH [ mm-dd-yyyy ]

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

AGE

\_\_\_\_\_-\_\_\_\_\_-

SEX

☐ Male ☐ Female

CIVIL STATUS

☐ Single

☐ Married

☐ Divorced

☐ Widow(er)

☐ Separated

PLACE OF BIRTH

☐ Outside of the Philippines

Town / City

Province

ADDRESS & CONTACT NUMBERS IN THE PHILIPPINES

House No. / Street / Barangay

Town / City

Province

Zip Code

Telephone Number

Cellphone Number

E-mail Address

ADDRESS & CONTACT NUMBERS (Country of Destination)

House No. / Street

City / State

Country

Zip Code

Telephone Number

Cellphone Number

PASSPORT NUMBER

DATE OF ISSUE [ mm-dd-yyyy ]

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

VISA NUMBER

DATE OF ISSUE [ mm-dd-yyyy ]

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

<input type="checkbox"/> Elementary Level	<input type="checkbox"/> Vocational Level	<input type="checkbox"/> Post Graduate Level	<input type="checkbox"/> Not of schooling age
<input type="checkbox"/> Elementary Graduate	<input type="checkbox"/> Vocational Graduate	<input type="checkbox"/> Post Graduate	( Below 7 yrs old )
<input type="checkbox"/> High School Level	<input type="checkbox"/> College Level	<input type="checkbox"/> No Formal Education	
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Others	

***If vocational / college / post graduate, state course***

☐ Housewife   ☐ Student   ☐ Retiree   ☐ Out-of-school youth   ☐ Minor (Below 7 yrs old)   ☐ Not reporting any occupation

Last Name																									Suffix				
First Name																													
Middle Name																	Relationship												
House No. / Street / Barangay																													
Town / City																													
Province																								Zip Code					
Telephone Number												Cellphone Number												E-mail Address					

Last Name																			Suffix			
First Name																						
Middle Name																			Relationship			
																			Age			

House No. / Street	
City / State	
Country	
Zip Code	E-mail Address
Telephone Number	Cellphone Number

[illegible]

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I hereby certify under penalty of law to the truth and correctness of the statement and that this form was accomplished by me personally or under my personal direction.

THIS FORM IS NOT FOR SALE