Republic of the Philippines
COMMISSION ON ELECTIONS
Intramuros, Manila

◯ I signify and confirm my intention to undergo the process of voter registration **(18 years old and above)**

◯ I signify and confirm my intention to undergo the process of voter registration in the Katipunan ng Kabataan **(15 to 17 years old)**

Instruction: Fill-in completely and legibly the appropriate spaces and check appropriate choice/s in ovals.

◯ **APPLICATION FOR REGISTRATION** (Accomplish Personal Information at the back)

Note: (For Applicant with existing Registration Records)

◯ **APPLICATION FOR TRANSFER OF REGISTRATION RECORD**

◯ within the same City/Municipality/District
◯ from another City/Municipality/District (Accomplish Personal Information at the back).
◯ from foreign post to local OEO other than original place of registration.

I, _____*, Filipino, born on* _____*, a duly registered* voter in:

◯ *Precinct No.* _____*, Barangay* _____*, City/Municipality of* _____*, Province of* _____
(for local voter)

◯ *foreign post located in* _____*, Country of* _____
(for overseas voter)

My New Residence is:
House No. & Street _____ Barangay _____
City/Municipality/District_____Province _____
I have resided in my new residence for _____ years and for _____ months.

◯ **APPLICATION FOR REACTIVATION OF REGISTRATION RECORD**

Reason for Deactivation:

◯ Sentenced by final judgment to suffer imprisonment for not less than one (1) year;
◯ Convicted by final judgment of a crime involving disloyalty to the duly constituted government, etc;.
◯ Declared by competent authority to be insane or incompetent;
◯ Failed to vote in two (2) successive preceding regular elections;
◯ Loss of Filipino citizenship;
◯ Exclusion by a court order; or
◯ Failure to Validate

That said ground no longer exists, as evidenced by the attached certification/order of the court (in cases of 1,2,3,5, and 6).

◯ **APPLICATION FOR CHANGE OF NAME DUE TO MARRIAGE OR COURT ORDER/CORRECTION OF ENTRIES IN THE VOTERS' REGISTRATION RECORD**

(Attach required supporting documents such as Certified Copy or Certificate of Court Order or Certificate of Live Birth, and others)

Present Data/Information: _____
New/Corrected Data/Information: _____

◯ **APPLICATION FOR INCLUSION OF RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT OF NAME IN THE LIST OF VOTERS**

◯ Reinstatement of records due to transfer from foreign post to same local City/Municipality/District.
◯ Inclusion of VRR in the precinct book of voters.
◯ Reinstatement of the name of the registered voter which has been omitted in the list of voters.

I do hereby request that my name which has been omitted in the list of voters/my registration record which has not been included in the precinct book of voters of Precinct No. _____, be reinstated/included therein. The said reinstatement of name/inclusion of registration record is necessary and valid.

IN WITNESS WHEREOF, I hereunto affix my signature this ____ day of _____ ,20_____ at _____,
Province of _____, Philippines.

_____
Signature above printed name

SUBSCRIBED AND SWORN to before me on the above date.

_____
EO/Administering Officer

Application No. Precinct No. (EO's use)

Instructions: (1) Accomplish only ONE (1) copy; (2) print legibly; and (3) check the appropriate box.

Part 1 PERSONAL INFORMATION *(To be filled out by Applicant)*

NAME

Last

First

Middle

Suffix, if any (Ex.: Jr.,Sr.,III)

Indigenous People (Tribe)

Illiterate

Senior Citizen

Person with Disability

Type of Disability:

- Deaf/Hard of Hearing
- Intellectual
- Learning
- Mental
- Physical
- Psychosocial
- Speech and Language
- Visual
- Cancer
- Rare Disease

RESIDENCE/ADDRESS Province

City/Municipality Barangay/Sitio/Purok

House No. / Street

Assistance Needed:

- Assistor
- Communication Assistance
- Visual Assistance
- None

CITIZENSHIP ____________ By Birth Naturalized Reacquired

(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)

Date of Naturalization/ Reacquisition Month - Day - Year Certificate No./Order of Approval

SEX Male Famale

DATE OF BIRTH Month Day Year

For Senior Citizens and PWDs:

Are you willing to vote in the Accessible Polling Place (APP)located on the ground floor of the voting center on the day of the Elections?

YES **NO**

PERIOD OF RESIDENCE In the City/Mun No. of Years No. of Months In the Philippines No. of Years

PLACE OF BIRTH City/Municipality Province

For Illiterate, PWDs, Senior Citizen, or IPs:

Assistor's Name:________________________

(Fill out and attach Certification/Attestation Form)

PROFESSION/ OCCUPATION ________________ **Contact No.:** ________________ **E-Mail Address:** ________________

PARENT'S NAME

Father's Name

Mother's Maiden Name

CIVIL STATUS Single Married Name of Spouse, If Married Widow/er Legally Separated

PART 2 OATH, NOTICE and CONSENT (REGULAR)

REGISTRATION TRANSFER

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; and that I am:

- not registered in any precinct;
- registered in a precinct of another City/Municipality/District in the Philippines

and that I have reviewed the entries encoded in the VRS and I confirm that the same are correct, accurate and consistent with the information I supplied in this application form. Further, by affixing my signature below, I authorize and give my consent to the Commission on Elections and the concerned Election Registration Board to collect and process the personal data I supplied herein for purposes of voter registration and elections, and for other purposes and allowable disclosures under B.P. Blg. 881, R.A. No. 8189, 10173 and 10367, and the relevant Resolutions of the Commission on Elections.

OATH, NOTICE and CONSENT (KATIPUNAN NG KABATAAN)

REGISTRATION TRANSFER

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter of Katipunan ng Kabataan; that I am:

- not registered in any precinct
- registered in a precinct of another City/Municipality/District in the Philippines

and that I have reviewed the entries encoded in the VRS and I confirm that the same are correct, accurate and consistent with the information I supplied in this application form. Moreover, by affixing my signature below, I authorize and give my consent to the Commission on Elections and the concerned Election Registration Board to collect and process the personal data I supplied herein for purposes of voter's registration and elections, and for other purposes and allowable disclosures under B.P. Blg. 881, R.A. No. 8189, 10173 and 10367, and 10742 and the relevant resolutions of the Commission on Elections. Furthermore, I understand that when I reach eighteen (18) years of age, the personal data I supplied herein will be further processed by the Commission on Elections, and upon approval by the Election Registration Board, will be included in and consolidated with the database of voters who are at least eighteen (18) years of age for purposes of subsequent elections and for other lawful purposes and allowable disclosures mentioned above, to which further processing and its purposes I

give my consent do not give my consent

and that when I reach thirty one (31) years of age, my personal data in the Katipunan ng Kabataan database will be deleted accordingly.

Date Month - Day - Year

Applicant

(Signature/Thumbmark above Printed Name)

Election Officer/Administering Officer

(Signature above Printed Name)

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb Right Thumb

1 ____________

2 ____________

3 ____________

Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved Disapproved Month - Day - Year

With Precinct Assignment No.

Reason for disapproval ________________

Member (Signature above Printed Name)

Chairperson (Signature above Printed Name)

Member (Signature above Printed Name)

Part 4 VOTER'S IDENTIFICATION NUMBER *(To be filled out by Election Officer)*

Part I: Prov Code City/Mun/Dist. Code

Part II: Precinct Assignment

Part III: Month Day Year Name Code/ Birth Code

ACKNOWLEDGEMENT RECEIPT

Type of Application

- Registration
- Transfer
- Reactivation
- Transfer with Reactivation
- Change of Name/Correction of Entry
- Reinstatement/Inclusion

Application for Registration

Last

First

Middle

Suffix, if any (Ex.: Jr.,Sr.,III)

Application No.

This is to acknowledge receipt of your application. Your application is subject for Approval/Disapproval by the Election Registration Board (ERB). You need not appear in the ERB hearing unless required through a written notice.

Date of ERB Hearing ________________

EO/ Interviewer Signature above Printed Name