

ID APPLICATION FORM

RESIDENTIAL STATUS:

HOMEOWNER | DEPENDENT | RENTER | CONDOMINIUM | TEMPORARY

ZONE: 1 2 3 4 5 6A 6B

PERSONAL DETAILS:

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

PRECINCT NO.: _____

TIN: _____

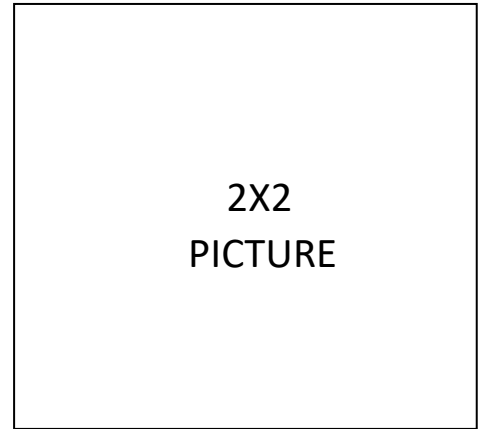
PHILHEALTH: _____

IN CASE OF EMERGENCY

NAME: _____

CONTACT NO.: _____

RELATION: _____



DATE: _____

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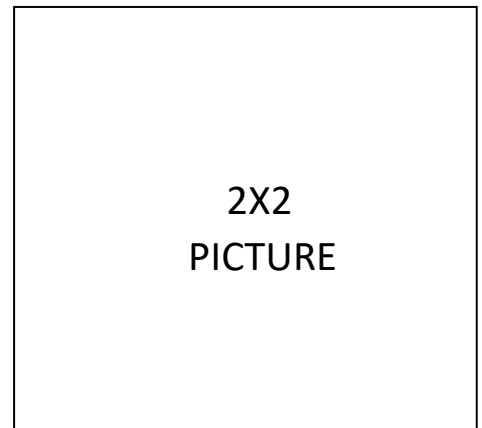
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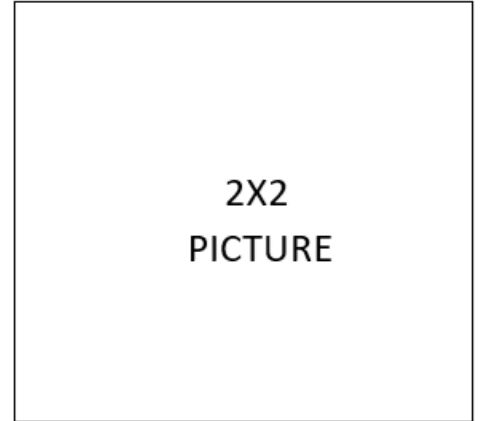
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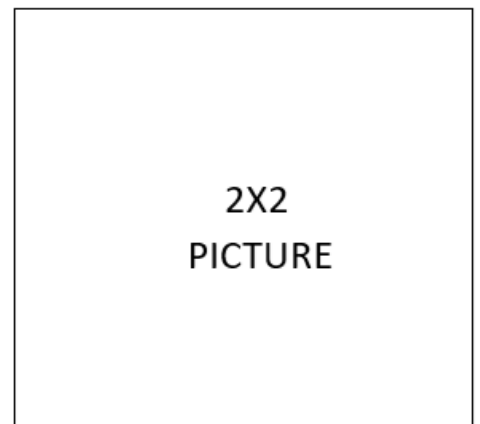
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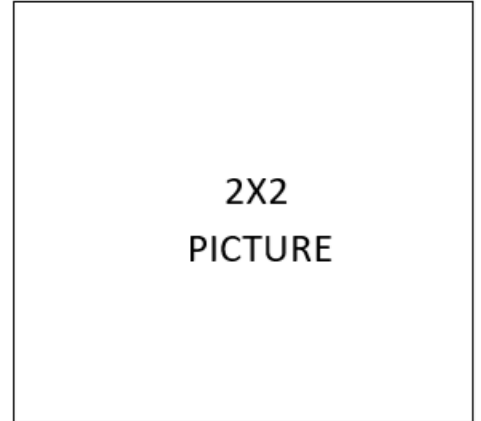
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