REPUBLIC OF THE PHILIPPINES

OFFICE OF THE CITY MAYOR

QUEZON CITY

OFFICE OF THE SENIOR CITIZENS AFFAIRS

QCG-OSCA-LOST FORM-SERIES 2016 REV.00

ID NO.: _____ MEDICINE: _____ DTI/DA: _____ MOVIE: _____

PERSONAL NA IMPORMASYON

TYPE OF APPLICATION:

☐ LOST ID ☐ REPLACEMENT NASIRA/MALING IMPORMASYON: _____

PETSA: _____ DISTRITO: _____ BARANGAY: _____

PANGALAN NG APLIKANTE:

TIRAHAN:

KAPANGANAKAN: _____ EDAD: _____ LUGAR NG KAPANGANAKAN: _____

KATAYUANG SIBIL: _____ KASARIAN: _____ LAHI: _____ LUMANG ID NO. _____

PETSA NG IPINAGKALOOB: _____

LUMANG MEDICINE: _____ LUMANG DTI/DA: _____

ITO AY PAGPAPATUNAY NA ANG LAHAT NG NAKASAAD AY TOTOO AT TAMA SA ABOT NG AKING KAALAMAN.

REQUIREMENTS:

- AFFIDAVIT OF LOST/REPLACEMENT (STATING THE REASON)
- AUTHORIZATION/ID OF REPRESENTATIVE
-OTHER VALID DOCUMENTS: _____

APPROVED BY: _____ _____

LAGDA NG APLIKANTE