Philippine Registry Form for Persons with Disability

Place 2" x 2" Photo Here

REGISTRATION NUMBER:		DATE:	

LAST NAME:	FIRST NAME:	MIDDLE NAME:

TYPE OF DISABILITY *(Please check only one)* :

- [ ] Psychosocial Disability
- [ ] Visual Disability
- [ ] Orthopedic (Musculoskeletal)Disability
- [ ] Mental Disability
- [ ] Learning Disability
- [ ] Hearing Disability
- [ ] Speech Impairment

Specific Ailment: ____________

ADDRESS

House No. and Street	Barangay	Municipality	Province	Region

TEL NOS:		MOBILE NO.:		EMAIL ADDRESS:	

DATE OF BIRTH *(mm/dd/yyyy)*	AGE	SEX *(Please check one)*:	NATIONALITY:
		[ ] Male [ ] Female	BLOOD TYPE:

CIVIL STATUS *(Please check one)*:

- [ ] Single
- [ ] Married
- [ ] Widow/er
- [ ] Separated
- [ ] Co-Habitation

EDUCATIONAL STATUS *(Please check one)*:

- [ ] Elementary
- [ ] Elementary Undergraduate
- [ ] High School
- [ ] High School Undergraduate
- [ ] College
- [ ] College Undergraduate
- [ ] Post Graduate
- [ ] Vocational
- [ ] None

EMPLOYMENT STATUS *(Please check one)*:

- [ ] Employed
- [ ] Unemployed
- [ ] Displaced Worker
- [ ] Resigned
- [ ] Retired
- [ ] Returning Overseas Filipino Worker

NATURE OF EMPLOYER *(Please check one if employed)*:

- [ ] Private
- [ ] Government

TYPE OF EMPLOYMENT *(Please check one if employed)*:

- [ ] Contractual
- [ ] Permanent
- [ ] Self-Employed
- [ ] Seasonal

TYPE OF SKILL *(Please check one)*:

- [ ] Officials of Government and Special Interest Organizations, Corporate Executives, Managers Managing Proprietors and Supervisors
- [ ] Professionals
- [ ] Technicians and Associate Professionals
- [ ] Farmers, Forestry Workers and Fishermen
- [ ] Traders and Related Workers
- [ ] Others

SSS No.:	
GSIS No.:	
Philhealth No.:	

- [ ] PhilHealth Member
- [ ] PhilHealth Member Dependent

ORGANIZATIONAL INFORMATION: *(Optional)*

Organization Affiliated:	
Contact Person:	
Office Address:	
Tel Nos.:	

TAX CLAIMANT:

NAME:	
TIN NO.:	

	Last Name	First Name	Middle Name
FATHER'S NAME :			
MOTHER'S NAME :			
GUARDIAN'S NAME :			

ACCOMPLISHED BY :	

IN CASE OF EMERGENCY :

Contact Person :	
Contact Number/s :	

PWD ID REQUIREMENTS :

Latest:

1. **CERTIFICATE ON DISABILITY/ ABSTRACT** (for non-apparent disability)
2. **BRGY. CLEARANCE / INDIGENCY**
3. **2 pcs. 2 X 2 ID PICTURE**
4. **SIGNATURE** (use marker pen or thumb mark on a piece of bond Paper)
5. **AUTHORIZATION LETTER** (in absence of PWD)

Department of Health
San Lazaro Compound, Sta. Cruz, Manila
Republic of the Philippines

Local Government of Quezon City
Persons with Disability Affairs Office
Tel: 9884242 loc. 8123

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH

KALUSUGAN PANGKALAHATAN