



REPUBLIC OF THE PHILIPPINES
PERSONS WITH DISABILITY AFFAIRS OFFICE
 QUEZON CITY, MANILA



REQUEST SLIP

REGISTRATION NO.:		PWD NO.:		DATE:	
LAST NAME:			FIRST NAME:	MIDDLE NAME:	
ADDRESS					
HOUSE NO. AND STREET	BARANGAY	DISTRICT	MUNICIPALITY	PROVINCE	
DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH:		SEX (Please check one):		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
ATTACHMENT:		REQUEST FOR:			
1) Medical Certificate/Abstract/ Picture (Whole Body) 2) Barangay Indigency 3) Personal Letter		<input type="checkbox"/> PROSTHESIS <input type="checkbox"/> OTHERS: <input type="checkbox"/> HEARING AID <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> SUPPORT BRACE			
CERTIFICATION			ASSIGNED PERSONEL		
This is to certify that all information stated herein is true and correct to the best of my knowledge and belief. Submitted by: _____ / _____ Signature over printed name / Date _____ Contact Number			RECEIVED BY: _____ DATE RECEIVED: _____ ACTION TAKEN		

Inner Lobby, Main Building, City Hall Compound, Diliman, Quezon City
 Tel: 9884242 loc. 8123 E-mail: quezoncitypdoa.gov.ph@gmail.com



REPUBLIC OF THE PHILIPPINES
PERSONS WITH DISABILITY AFFAIRS OFFICE
 QUEZON CITY, MANILA



REQUEST SLIP

REGISTRATION NO.:		PWD NO.:		DATE:	
LAST NAME:			FIRST NAME:	MIDDLE NAME:	
ADDRESS					
HOUSE NO. AND STREET	BARANGAY	DISTRICT	MUNICIPALITY	PROVINCE	
DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH:		SEX (Please check one):		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
ATTACHMENT:		REQUEST FOR:			
1) Medical Certificate/Abstract/ Picture (Whole Body) 2) Barangay Indigency 3) Personal Letter		<input type="checkbox"/> PROSTHESIS <input type="checkbox"/> OTHERS: <input type="checkbox"/> HEARING AID <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> SUPPORT BRACE			
CERTIFICATION			ASSIGNED PERSONEL		
This is to certify that all information stated herein is true and correct to the best of my knowledge and belief. Submitted by: _____ / _____ Signature over printed name / Date _____ Contact Number			RECEIVED BY: _____ DATE RECEIVED: _____ ACTION TAKEN		

Inner Lobby, Main Building, City Hall Compound, Diliman, Quezon City
 Tel: 9884242 loc. 8123 E-mail: PDAO@quezoncity.gov.ph