



KASAMA KA SA PAG-UNLAD
JOY = BAYAN



QUEZON CITY LOCAL GOVERNMENT
QCITIZEN I.D. AND PWD I.D. APPLICATION FORM

NOT FOR SALE

PRINT LEGIBLY ALL INFORMATION REQUIRED: PLACE N/A IF INFORMATION DOES NOT APPLY CONTROL NO. _____ PWD NO. _____

APPLICANT INFORMATION

FIRST NAME				SUFFIX		
LAST NAME				MIDDLE NAME		
DATE OF BIRTH	MONTH		DAY		YEAR	
PLACE OF BIRTH	CITY/TOWN			PROVINCE		
CITIZENSHIP	<input type="radio"/> FILIPINO <input type="radio"/> FOREIGN (SPECIFY)			SEX	<input type="radio"/> MALE <input type="radio"/> FEMALE	
BLOOD TYPE				AGE		
OCCUPATION				CIVIL STATUS	<input type="radio"/> SINGLE <input type="radio"/> SEPARATED <input type="radio"/> COHABITATION (LIVE-IN) <input type="radio"/> MARRIED <input type="radio"/> WIDOWER	
RELIGION						
CONTACT NO.				EMAIL ADDRESS		
ADDRESS	(HOUSE NO.)	(STREET)	(BARANGAY)	(CITY)	(PROVINCE)	
PERMANENT ADDRESS						
PRESENT ADDRESS						

FAMILY BACKGROUND

(MOTHER'S MAIDEN NAME)

(CHILDREN'S NAME)

LAST NAME		MIDDLE NAME		LAST NAME		MIDDLE NAME	
FIRST NAME				FIRST NAME			
CONTACT NO.							

(FATHER'S NAME)

(CHILDREN'S NAME)

LAST NAME		MIDDLE NAME		LAST NAME		MIDDLE NAME	
FIRST NAME				FIRST NAME			
CONTACT NO.				CONTACT NO.			

EMERGENCY CONTACT INFORMATION

CAREGIVER CONTACT INFORMATION

LAST NAME		MIDDLE NAME		LAST NAME		MIDDLE NAME	
FIRST NAME				FIRST NAME			
CONTACT NO.				CONTACT NO.			
RELATIONSHIP				RELATIONSHIP			
ADDRESS				ADDRESS			

BANK / E-WALLET INFORMATION (optional)

BANK NAME		ACCOUNT NUMBER	
ACCOUNT NAME		ACCOUNT NUMBER	
PAYMAYA ACCOUNT NAME		ACCOUNT NUMBER	
GCASH ACCOUNT NAME			

PHYSICAL APPEARANCE

HEIGHT IN CM.		WEIGHT IN KG.	
COLOR OF HAIR		COLOR OF EYES	
OTHER IDENTIFYING MARKS			

Would you be willing to be vaccinated against COVID-19?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNDECIDED
Are you a medical front liner?	<input type="radio"/> YES	<input type="radio"/> NO	

DATE _____

Privacy Content/Notice:

I hereby give my consent on the general use and sharing of the personal and sensitive personal information I have provided herein in accordance with the declared objectives of the Office at its inception and as adopted annually. The Office can collect, process, store, update, or disclose this information for legitimate purposes and program implementation. I consent to the continuous use and retention of his information by the Office for five (5) years from the receipt of the latter of my notice of severance from the Office.

SIGNATURE OR THUMBMARK OF APPLICANT

APPLICANT PHOTO

2 X 2

SECTORAL FORM: PERSON WITH DISABILITY (PWD)

Do you have an existing PWD ID Number? YES, ID Reference number _____ NO

Ethnic Group: _____

TYPE OF DISABILITY	CAUSE OF DISABILITY	SPECIFIC DISABILITY
<input type="radio"/> Deaf / Hard of Hearing <input type="radio"/> Psychosocial Disability <input type="radio"/> Intellectual Disability <input type="radio"/> Speech and Language Impairment <input type="radio"/> Learning Disability <input type="radio"/> Mental Disability <input type="radio"/> Visual Disability <input type="radio"/> Orthopedic Disability <input type="radio"/> Physical Disability	<input type="radio"/> Acquired <input type="radio"/> Cancer <input type="radio"/> Chronic Illness <input type="radio"/> Congenital / Inborn <input type="radio"/> Injury <input type="radio"/> Rare Disease	

EDUCATIONAL ATTAINMENT	Current Studying:
<input type="radio"/> Elementary Education – P/G <input type="radio"/> Vocational <input type="radio"/> High School Education – P/G <input type="radio"/> None <input type="radio"/> College – P/G <input type="radio"/> Post-Graduation Program <input type="radio"/> Non Formal Education	<input type="radio"/> YES, School Name _____ <input type="radio"/> NO

STATUS OF EMPLOYMENT Employed Unemployed Self-Employed None

CATEGORY OF EMPLOYMENT Government Private

Name of Company/Agency: _____

Company/Agency Address: _____

SSS Number: _____ PHILHEALTH Number: _____
 GSIS Number: _____ PAGIBIG Number: _____

NON-GOVERNMENTAL ORGANIZATION

Organization Affiliation: _____ Contact Person: _____
 Office Address: _____ Telephone Number: _____

PWD ORGANIZATION

Organization Affiliation: _____ Contact Person: _____
 Office Address: _____ Telephone Number: _____

CIVIC/POLITICAL

Organization Affiliation: _____ Contact Person: _____
 Office Address: _____ Telephone Number: _____

RESIDENTIAL INFORMATION

Resident: Owned Rent
 Location: _____
 Skillset: Computer-Software and Application Knowledge
 Design
 Data Analysis
 Negotiations/Marketing
 Project Management
 Administrative
 Writing Skills
 House Member: _____
 Employed/Working: _____
 Household Income (Combined): _____

DISASTER RISK INFORMATION

Safe: Yes No
 Evacuation Site Address: _____
 Flood: _____
 Fire: _____
 Earthquake: _____
 Landslide: _____

Date: _____

Signature over full name
 Receiver/Evaluator

Signature over full name
 Verifier/Approver

Signature over full name
 DOH Encoder