





PhilSys Form No. 1A v1		REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY PhilSys Registration Form 1A FOR 5 YEARS OLD AND ABOVE		THIS FORM IS NOT FOR SALE	
					
Please read the instructions at the back before filling out this form. Print all information in CAPITAL letters and use BLACK ink only. Place an "X" mark on the applicable items.					
THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD	1 NAME				
	(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)				
	2 SEX		3 DATE OF BIRTH		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Y Y Y Y - M M - D D		
	4 PLACE OF BIRTH				
	(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)				
	5 BLOOD TYPE		6 FILIPINO OR RESIDENT ALIEN		
	TYPE: <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN		
	7 MARITAL STATUS (OPTIONAL)				
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED <input type="checkbox"/> NULLIFIED				
	8 A. PERMANENT ADDRESS				
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)				
FOR PROCESSING PURPOSES ONLY	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)				
	B. PRESENT ADDRESS (OPTIONAL) <input type="checkbox"/> SAME AS PERMANENT ADDRESS				
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)				
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)				
	9 MOBILE NUMBER (OPTIONAL)		10 EMAIL ADDRESS (OPTIONAL)		
	PhilSys notification will be sent through the provided mobile number.		PhilSys notification will be sent through the provided email address.		
	11 SUPPORTING DOCUMENT/S PRESENTED (Indicate the document/s presented as listed at the back of the Form.)				
	TYPE OF DOCUMENTS		BReN/ID Number/ACR I-Card Number		
	1				
	2				
	12 MODE OF PHILID DELIVERY				
	<input type="checkbox"/> DELIVER TO PERMANENT ADDRESS <input type="checkbox"/> DELIVER TO PRESENT ADDRESS				
DISCLOSURE UNDER SECTION 12 OF DATA PRIVACY ACT OF 2012 (RA No. 10173): I hereby declare that I am fully aware that the above data shall be used for securing a PhilSys Number (PSN) under the Philippine Identification System, issuance of PhilID, authentication and/or updating my demographic and biometric information in the PhilSys Registry. I trust that the above information shall remain confidential, hence, I give my consent that the same data be accessed for subsequent validation, verification, and other purposes consistent with the objectives of the PSA under RA No. 11055. I further affirm that all statements/information appearing in this registration form are made by me, true, correct, and complete to the best of my knowledge and belief.					
APPLICANT'S SIGNATURE OVER PRINTED NAME (Must be signed in the presence of a PhilSys Registration Personnel)		(FOR the Applicant who CANNOT SIGN, AFFIX fingerprints in the presence of a PhilSys Registration Personnel.)			
DATE					
		LEFT THUMB		RIGHT THUMB	
FOR THE USE OF THE PHILIPPINE STATISTICS AUTHORITY ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.					
SCREENER		ENCODER		BIOMETRIC EXCEPTIONS	
				(To be filled out by the Supervisor)	
				<input type="checkbox"/> FRONT FACING PHOTOGRAPH <input type="checkbox"/> IRIS SCAN	
				<input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> Left Iris	
				Specify: <input type="checkbox"/> Right Iris	
SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	
				DATE:	