





REGION IV-A CALABARZON

28 February 2025

Regional Memorandum No.160 s.2025

CALL FOR SUPPORT TO THE PHILIPPINE STATISTICS AUTHORITY (PSA) ON THE IMPLEMENTATION OF THE PHILIPPINE IDENTIFICATION SYSTEM (PHILSYS)

All Schools Division Superintendents All Others Concerned

- In reference to DM-OUOPS-2025-13-00485, the Department of Education 1. Region IV-A, in partnership with the Philippine Statistics Authority (PSA), extends its full support to the implementation of Republic Act No. 11055 or the "PhilSys Act." This initiative aims to facilitate the registration of our learners for the electronic Philippine Identification (ePhilID), ensuring that they are included in the national identification system.
- All schools division offices, public and private schools, are strongly encouraged to cooperate and participate in this initiative by disseminating information to stakeholders, learners, and their families to raise awareness and promote registration for the ePhilID.
- Attached is the Memorandum of Agreement (MOA) between the Department of 3. Education and PSA, for reference.
- For any questions or further clarifications, you may coordinate with the 4. External Partnerships Service via email at externalpartnerships@deped.gov.ph or contact them at (02) 8638-8637 and (02) 8638-8639.
- Immediate dissemination and compliance with this Memorandum is desired. 5.

ATTY. ALBERTO T. ESCOBARTE, CESO II

Regional Directror

07/ROP7/ROP1



Address: Gate 2, Karangalan Village, Cainta, Rizal

Telephone No.: 02-8682-2114

Email Address: region4a@deped.gov.ph

Website: depedcalabarzon.ph







Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM DM-OUOPS-2025-13-00485

TO

ALL REGIONAL DIRECTORS

ALL SCHOOLS DIVISION SUPERINTENDENTS

ALL OTHERS CONCERNED

FROM

MALCOLM S. GARMA

Assistant Secretary, Officer-In-Charge, Office of the Undersecretary for Operations

SUBJECT

MEMORANDUM OF AGREEMENT WITH THE PHILIPPINE STATISTICS AUTHORITY FOR THE IMPLEMENTATION OF

REPUBLIC ACT NO. 11055 OR THE "PHILSYS ACT"

DATE

: January 27, 2025

This has reference to the attached copy of approved and duly notarized Memorandum of Agreement (MOA) between the Department and the Philippine Statistics Authority (PSA) for the implementation of Republic Act No. 11055, otherwise known as the "Philippine Identification System" or the "PhilSys Act."

The MOA aims to enjoin all DepEd offices, schools, and learning centers to support and participate in the conduct of PhilSys institutional operations to cover the remaining unregistered population and facilitate the issuance of electronic Philippine Identification (ePhilID) to them.

In this regard, all concerned are hereby enjoined to cooperate with and provide support to the regional and provincial offices of PSA as to the schedule and requirements for the registration of learners under ePhilID. Kindly refer to Section 3.2.4 of the MOA, detailing the assistance needed by PSA from schools.

For further inquiries and concerns, kindly communicate with External Partnerships Service through email at external partnerships adeped gov.ph or telephone numbers (02) 8638-8637 and (02) 8638-8639.

For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY

oseca deped.gov.ph













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For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY oseculdeped.gov.ph











INSTRUCTIONS

A. THIS FORM IS TO BE FILLED OUT BY THE ACCOMPANYING PARENTS OR GUARDIAN OF THE APPLICANT.

B. FILL-OUT THIS FORM IN ONE (1) COPY AVOID ERASURES AND ALTERATIONS LINE CUT OR STRIKE THROUGH ANY
CORRECTIONS ONCE AND PUT YOUR INITIALS ABOVE THE ERASURE
C. PLACE AN "X" MARK ON THE APPLICABLE ITEMS.
D. FILL-OUT THE APPROPRIATE ITEMS (1) THE SPECIFIED FORMAT
E. IF A REQUIRED FIELD IS NOT APPLICABLE, INDICATE "N/A" OR "NOT APPLICABLE." Indicate the applicant's Full Name starting from the First Name. Middle Name. Last Name, and Suffix JUAN SANTOS DELA CRUZ JR. (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX) 2. SEX Place an "X" mark on the selected box Example: MMALE DEEMALE 3. DATE OF BIRTH Fill in Date of Birth in YYYY-MM-DD format Example: 2015-09-10 (YYYY-MM-DO) 4. PLACE OF BIRTH For Filipino outzen, indicate the name of the City/Municipality, and Province of applicant's Place of Birth Example: SAN JUAN METRO MANILA **PHILIPPINES** (City/Municipality) (Province) Country For Resident Alien, indicate the Country of the applicables Place of Birth, Leave the, City/Alunic pality blank Example: NIA USA (City/Municipality) (Province) (Country) Indicate the applicant's Blood Type. It indicate the applicant's Blood Type. It indicate the applicant's Blood Type. It indicate the applicant's Blood Type. 5. BLOOD TYPE Example: Type: AB+ E UNKNOWN 6. FILIPINO OR RESIDENT ALIEN Place an "X" mark on the selected box if Filty lo or Resident Alien Example: SPILIPINO DRESIDENT ALIEN 7. A. PERMANENT ADDRESS Indicate the applicant's complete address B. PRESENT ADDRESS (OPTIONAL) Example: A. PERMANENT AODRESS BLOCK 143 ATIS MASAYA MALIGAYA QUEZON CITY (RmiFlirUnit No. Blog Name: (House/LovBlock No.) (Street) (Subdivision) (Barangay) **METRO MANILA PHILIPPINES** (City-Municipality) (Province) (Country) B. PRESENT ADDRESS (OPTIONAL) 3RD Fir LOT 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES (City/Municipality) (Province) (Country) For Resident Alien, indicate the Permanent Address that the applicant is using in his her country and the Present Address here in the Philippines. Example: PERMANENT ADDRESS **UNIT 143** LOT 5 APPLE (RaviFtr/Unit No. Bidg Name) (House Lot-Block No) (Street) CALIFORNIA (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country) PRESENT ADDRESS (OPTIONAL) BLOCK 5 IRIS PSA MAAYOS ANTIPOLO (Rm/Fir/Unit No. Bidg Name). (House Lot/Block Not. (Street) RIZAL PHILIPPINES (Subdivision) (Barangay) (City/Municipality) (Province) (Country) 8. DETAILS OF MOTHER/ FATHER OR GUARDIAN Write the complete Name and PCN of the Parent or Guardian PHILSYS CARD NUMBER (16-digit PCN) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | MOTHER JOSEFINA GABRIELA SILANGAN Example: FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX) FATHER OR GUARDIAN JUAN IGNACIO MASIPAG FIRST NAME: (MIDDLE NAME) (LAST NAME) (SUFFIX) 9. MOBILE NUMBER (OPTIONAL) ladicate your primary Mobile Number, to case, he applicant is a micror, the Mobile Number of the parent or guardian may be indicated Example: MOBILE NUMBER (Optional) 0918XXXX991 PhilSys colification will be sent through the previded mobile number only 10. EMAIL ADDRESS (OPTIONAL) indicate your active Email Address. Email address is not case sensitive and small letters shall be accepted Example: EMAIL ADDRESS (Optional) philsys@psa.gov.ph PhilSys confication will be sent through the provided email address only 11. SUPPORTING DOCUMENT/S PRESENTED. Write the name of the supporting documents presented. Refer to the list of supporting documents below. Write the BReN, ID Number and ACR I-Card Number SUPPORTING DOCUMENT/S PRESENTED BReN/ID Number/ACR I-Card Number 1 PSA-issued Certificate of Live Birth BReN 123XXXXXXXXXXX 2. Postal ID 12. MODE OF CLAIMING THE PHILID CARD ID No. 123XXXXXXXXX Put an "X" mark on the PKIK UP box if you went to claim the applicant's Philip card at the Registration Center. Put an "X" mark on the PAID DELIVERY and indicate the applicant's complete delivery address. PAIL DELIVERY SUPPORTING DOCUMENTS The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY documents: 1. PSA-ssued Confecto of Live Birth Report of Birth 2 PSA-ssued Certificate of Foundling DFA-issued Philippine Passport If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents. 2. School ID 3 Barangay Coroli ato ((D 4. City (Municipal ii) 5. National ID from other countries 6. Residence ID from other countries

"Valid Foreign Par sport AND Alien Centify are of Benistration (ACR)



PHILIPPINE STATISTICS AMUIGRITY



PHILIPPINE IDENTIFICATION SYSTEM CONSENT FORM

l	parent/guardian of
	, a Filipino citizen, of legal age,
and a resident of	
declare that I understand that	
Authority (PSA) is conducting at	the National ID Registration
and hereby allow my son/daug following details:	
Full Name:	
Date of Birth:	
Place of Birth:	
Present Address:	
Permanent Address:	
Signature over printed full	l name of parent/guardian

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/(PHILIPPINE STATISTICS
•	PHILIPPING TORSON RESERVE

AUTHORITY



CONSENT FORM

l	parent/guardian of
	, a Filipino citizen, of legal age
and a resident of	hereby,
declare that I understand	I that the Philippine Statistics
Authority (PSA) is condu	ecting the National 1D Registration
	daughter to register with the
following details:	
Full Name:	
Date of Birth:	
Place of Birth:	
Present Address:	
Permanent Address:	
	d full name of parent/guardian

P	PHILIPPINE STATISTICS AUTHORITY	
L	PHR IPPING IDENTIFICATION SYSTEM CONSENT FORM	
	parent/guard	
	a Filipino citizen, of	legal age.
and a reside	ent of her	eby.
	I understand that the Philippine Statis	
Authority (1	PSA) is conducting the National ID Reg	istration
	allow my son/daughter to register with	the
Full Name:		ı
Date of Birth	I:	
Place of Birtl	i:	
Present Addi	ress:	
Permanent A	address:	
Signatur	e over printed full name of parent/guar	dian

PHILIPPINE STATISTICS AUTHORITY (1)
PHILIPPINE IDENTIFICATION SYSTEM CONSENT FORM
iparent/guardian of
, a Filipino citizen, of legal age,
and a resident ofhereby.
declare that I understand that the Philippine Statistics
Authority (PSA) is conducting the National ID Registration at
and hereby allow my son/daughter to register with the following details:
Full Name:
Date of Birth:
Place of Birth:
Present Address:
Permanent Address:
Signature over printed full name of parent/guardian

ACKNOWLEDGEMENT

Republic of the Philippines)		
BEFORE ME, a Notary Pub Philippines, this appeared:	olic for and in considera s day of JAN 10 2025	ition of the foregoing, in 2024 personally
Name	Identification Card	Date/Place of Issue
CLAIRE DENNIS S. MAPA, PhD		
known to me and to me known Memorandum of Agreement, consist respective Acknowledgement pages on that the same is her free and volumerson represents. WITNESS MY HAND AND NOTARIA	of nine (9) pages, to the parties, and which ntary act and deed, as we	two (2) of which are the person acknowledged to all as of the entity the said
		NOTARY PUBLIC
Page No.: My Book No.: U Series of 2024	May	
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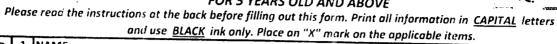
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REPUBLIC OF THE PETUIPPINES PHHEIPPINE STATISTICS AUTHORITY

PhilSys Registration Form 1A





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FOR PROCESSING		2							
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INSTRUCTIONS

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A. THIS FORM IS TO BE FILLED OUT BY NEW APPLICANTS AGES FIVE (5) YEARS OLD AND ABOVE B. FILL-OUT THIS FORM IN ONE (1) COPY AVOID ERASURES AND ALTERATIONS, LIFIE OUT OR STRIKE THROUGH ANY CORRECTIONS ONCE AND PUT YOUR INITIALS ABOVE THE ERASURE
    C. PLACE AN "X" MARK ON THE APPLICABLE ITEMS
    D. FILL-OUT THE APPROPRIATE ITEMS IN THE SPECIFIED FORMAT
    E. IF A REQUIRED FIELD IS NOT APPLICABLE, INDICATE "N/A" OR "NOT APPLICABLE
       1. NAME
                                       Indicate your Full Name starting from your First Name, Middle Name, Last Name, and Buffix,
                                                 : JUAN SANTOS DELA CRUZ JR
(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
                                        Example:
      2. SEX
                                       Place an "X" mark on the selected box
                                       Example: MMALE DEMALE
      3. DATE OF BIRTH
                                       Fill of Date of Birth in YYYY-MM-DD
                                       Example:
                                                    1983-09-10
                                                    (YYYY-MM-DD)
                                       For Filipina edizen, indicate the name of the City Municipality and Province of your Place of Birth
      4. PLACE OF BIRTH
                                                        SAN JUAN METRO MANILA PHILIPPINES
                                       Example:
                                                     (City:Municipality) (Province)
                                                                                            - Country)
                                       For Resident Alien, indicate the Country of your Place of Birth, Leave the City/Municipality blank
                                       Example:
                                                             N/Δ
                                                                             N/A
                                                                                               USA
                                                      (City-Municipality) (Province)
                                                                                              (Country)
      5. BLOOD TYPE
                                       Indicate your Blood Type, if unknown, put an "X" mark on the box provided
                                       Example: Type: AB+
     6. FILIPINO OR RESIDENT ALIEN
                                                      Place an "X" mark on the selected box it Filiping or Resident Alien
                                                                               DRESIDENT ALIEN
                                                      Example: SFILIPINO
     7. MARITAL STATUS (OPTIONAL)
                                                      Place an "X" mark on the selected hox.
                                                        SINGLE MARRIED WIDOWED DIVORCED DEGALLY SEPARATED
         Note: If a married woman presenting a supporting document reflecting her maiden name but chooses to use her married name, she must
                                                        present a PSA - issued Certificate of Marriage.
     B. A. PERMANENT ADDRESS
                                           indicate your complete address.
        B. PRESENT ADDRESS (OPTIONAL)
     Example:
     A. PERMANENT ADDRESS
     Rm 143
                                   Block 143
                                                          ATIS
                                                                     MASAYA MALIGAYA
                                                                                                 QUEZON CITY METRO MANILA PHILIPPINES
    (Rm/Flr/Unit No. Eldg Name) (House/Lot/Block No) (Street) (Subdivision) (Baranga)
                                                                                                (City/Municipality)
     B. PRESENT ADDRESS (OPTIONAL)
                                                                                                                     (Province)
                                   Lot 123
                                                          ARAW
                                                                   MASAGANA MAPAYAPA
    (Rm/Fir/Unit No. E:dq Name) (House/Lot/Block No.) (Street) (Supdivision) (Barangay (City/Municipality)
                                                                                                                    METRO MANILA PHILIPPINES
                                                                                                                     (Province)
                                                                                                                                        (Country)
         For Resident Alien, indicate the Permanent Address that you are using in your country and the Present Address here in the Philippines.
    Example
    A PERMANENT ADDRESS
Unit 143
Lot 5
APPLE
(Rmi/Fir/Unit No. Bidg Name) (House/L. (Block No.) (Street) (Subdivision) (Barangay
                                                                                                                     CALIFORNIA
                                                                                                                                          USA
                                                                                               (City'Municipality) (Province/State)
    B. PRESENT ADDRESS (OPTIONAL)
                                                                                                                                        (Country)
    3rd Fir Block 5 IRIS PSA IMPACTOS (RmvFir/Unit No. Eldq Name) (House/Liu/Block No.) (Street) (Subdivision) (Barangay: Indicate your grown, Mobile Number, In
                                                                                                   ANTIPOLO
                                                                                                                       RIZAL
                                                                                                                                     PHILIPPINES
                                                                                               (City/Municipality)
                                                                                                                     (Province)
                                                    indicate your primary Mobile Number, In case the applicant is a minor, the Mobile Number of the
                                                                                                                                       (Country)
                                                    parent or guardian may be indicated
                                                    Example: MOBILE NUMBER (Optional) 0918XXXX991
                                                    PhilSys notification will be sent through the provided mobile number only
    10. EMAIL ADDRESS (OPTIONAL)
                                                    indicate your active Email Address. Email address is not case sensitive and small letters will be
                                                     accopied by the screener
                                                    Example: EMAIL ADDRESS (Optional) philays@psa.gov.ph
PhilSys notification will be sent through the provided email address only
    11. SUPPORTING DOCUMENT/S PRESENTED
                                                             Write the name of the supporting documents presented, Refer to the list of supporting
                                                             decuments below.
   BReN/ID Number/ACR I-Card Number
                                                             Write the BReN. ID Number and ACR I-Card Number
                                  Example:
                                                             SUPPORTING DOCUMENT/S PRESENTED BReN/ID Number/ACR I-Card Number
                                                            1. PSA-issued Certificate of Live Birth
                                                                                                            BReN 123XXXXXXXXXX
                                                            2. Postal ID
                                                                                                            ID No. 123XXXXXXXXXX
   12. MODE OF CLAIMING THE PHILID CARD
   □PICK UP
                                                   Put an "X" mark on the PICK UP box if you must to claim your PhillD cord at the Registration Center
   PAID DELIVERY
                                                   Put an 'Y' mark on the PAID DELIVERY an implicate your complete delivery address
                                                              SUPPORTING DOCUMENTS
 The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY supporting documents:
  1. PSA-issued Centicate of Live Birth AND one (1) government-issued identification document with full name, photo and signature or thumbmark
   2. DFA-issued Philippine Passport
   3. GSIS or SSS-iss and Unified Multi-Purpose Identification (UMID) Card
  4. LTO-issued Student's License Permit or Non-Professional/Professional Driver's License
If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents:

    PSA-issued Certificate of Live Birth (NSC-issued Certificate of Live Birth (with BReN number)

                                                                                            11 National Bureau of Investigation (NBI) Clearance
                                                                                            2 Police Clearance
  2. PSA-issued Certificate of Foundling
                                                                                            13 Solo Parent ID
  3. Integrated Bar of the Philippines (IBP) (D
  4. Professional Regulation Commission (PRC) ID
                                                                                            14. Person With Disability (PWD) iD
                                                                                            S. Voters ID
  5. Seaman's Book
                                                                                            6. Postal ID
  6. Overseas Worke's Welfare Administration (OWWA)
                                                                                            77. Taxpayer Identification Number (TIN) ID
    OFW e-card/iDOILE OFW ID
  7. Semor Citizen Identification Card
8. Old Social Securey System (SSS) ID
                                                                                            18. Phill-ealth ID
                                                                                            19. National ID from other countries
  9. Pantawid Pamilyang Pilipino Program (4Ps) ID
10. License to Own or Possess Firearms (LTOPF)
                                                                                           20. Residence ID from other countries
                                                                                              Philippine Retirement Authority (PRA) issued 
Special Resident Retiree's Visa (SRRV)
The following secondary supporting documents MUST have a front-facing photograph, signature/thumbmark, full name, permanent address,
 22. Employee ID
                                                                                           .15. Barangay ID
 23. School ID
                                                                                           . 6. C ty/Municipality ID
 24, Barangay Clearance/Barangay Certificate
or Resident Allens:
                                                                                        For Stateless Persons and Refugees:
 1. Valid Foreign Passport AND Alien Certificate of Registration (ACR)
                                                                                             Certificate of Recognition issued by Refugees and
   or Alien Certificate of Registration Identification Card (ACR i-Card)
                                                                                             Stateless Persons Protection Unit (RSPPU)
                                                                                             of the Department of Justice
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REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY

PhilSys Registration Form 1B



FOR BELOW 5 YEARS OLD 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. 1 NAME THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD IFIRST NAME (MIDDLE NAME) SULFIX 2 SFX 3 DATE OF BIRTH n □ MALE ☐I EMALE PLACE OF BIRTH n CHY/MUNICIPALITY COUNTR 5 **BLOOD TYPE** FILIPINO OR RESIDENT ALIEN 6 Ď TYPE: □ UNKNOWN FILIFINO RESIDENT ALIEN A. PERMANENT ADDRESS D IRM/FLB/ JNII NO BLDG NAM I THOUSE/LOT/BLOCK NO ! (SUBDIVISION) (CITY/MUMICIPALITY) (PROVINCE/STATE B. PRESENT ADDRESS (OPTIONAL) (COUNTRY) -AME AS PERMANENT ADDRESS (RM/FLR/ JNIT NO BLOC NAME (HOUSE/LOT/BLOCK NO.) STREET (SUBDIVISION) (CITY/MUNICIPALITY) (COUNTRY) DETAILS OF MOTHER/ FATHER OR GUARDIAN **PURPOSES ONLY** MOTHER: PHILSYS CARD NUMBER (16-digit PCN) FIRST NAME (MIDDLE NAME) ILAST NAMED FATHER OR GUARDIAN PHILSYS CARD NUMBER (16-digit PCN) PROCESSING FIRST NAMEL (MIDDLE NAME) (SUFFIX) MOBILE NUMBER (OPTIONAL) 10 EMAIL ADDRESS (OPTIONAL) FORI Notification will be sent through the provided mobile number. Notification will be sent through the provided email address. SUPPORTING DOCUMENT/S PRESENTED Ill dicate the document/s presented as listed at the back of the Form,) **BReN/ID Number/ACR I-Card Number** MODE OF CLAIMING THE PHILID CARD PICK-UP FAID DELIVERY REGISTRATION CENTER. 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 ldentification 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. (if the Applicant CANNOT SIGN, AFFIX fingerprints in the presence of the Screener/Encoder.) APPLICANT'S SIGNATURE OVER PRINTED NAME (Must be signed in the presence of the Screener) 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)

FRONT FACING PHO

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