

Republic of the Philippines
Department of Education
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)**

To: **All Schools Division Superintendents
All Others Concerned**

1. In reference to DM-OUOPS-2025-13-00485, the Department of Education 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.
2. 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.
3. Attached is the Memorandum of Agreement (MOA) between the Department of Education and PSA, for reference.
4. For any questions or further clarifications, you may coordinate with the External Partnerships Service via email at externalpartnerships@deped.gov.ph or contact them at (02) 8638-8637 and (02) 8638-8639.
5. Immediate dissemination and compliance with this Memorandum is desired.


ATTY. ALBERTO T. ESCOBARTE, CESO II
Regional Director

07/ROP7/ROP1



Address: Gate 2, Karangalan Village, Cainta, Rizal
Telephone No.: 02-8682-2114
Email Address: region4a@deped.gov.ph
Website: depedcalabarzon.ph



Certificate No. PHP QMS
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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 externalpartnerships@deped.gov.ph or telephone numbers (02) 8638-8637 and (02) 8638-8639.

For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY
osec@deped.gov.ph



Republika ng Pilipinas
Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM
DM-OUOPS-2025-13-00485

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FROM : **MALCOLM S. GARMA**
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STATISTICS AUTHORITY FOR THE IMPLEMENTATION OF
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For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY
osec@deped.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 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 the applicant's Full Name starting from the First Name, Middle Name, Last Name, and Suffix
Example: **JUAN SANTOS DELA CRUZ JR.**
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
- 2. SEX** Place an "X" mark on the selected box
Example: MALE FEMALE
- 3. DATE OF BIRTH** Fill in Date of Birth in YYYY-MM-DD format
Example: **2015-09-10**
 (YYYY-MM-DD)
- 4. PLACE OF BIRTH** For Filipino citizen, 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 applicant's Place of Birth. Leave the City/Municipality blank
Example: **N/A N/A USA**
 (City/Municipality) (Province) (Country)
- 5. BLOOD TYPE** Indicate the applicant's Blood Type. If unknown, put an "X" mark on the box provided.
Example: Type: **AB+** UNKNOWN
- 6. FILIPINO OR RESIDENT ALIEN** Place an "X" mark on the selected box if Filipino or Resident Alien
Example: FILIPINO RESIDENT ALIEN
- 7. A. PERMANENT ADDRESS**
B. PRESENT ADDRESS (OPTIONAL)
Example:

A. PERMANENT ADDRESS
 RM 143 **BLOCK 143 ATIS MASAYA MALIGAYA QUEZON CITY METRO MANILA PHILIPPINES**
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

B. PRESENT ADDRESS (OPTIONAL)
 3RD Flr **LOT 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES**
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (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**
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country)

PRESENT ADDRESS (OPTIONAL)
 3RD Flr **BLOCK 5 IRIS PSA MAAYOS ANTIPOLLO RIZAL PHILIPPINES**
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (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**
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
FATHER OR GUARDIAN **JUAN IGNACIO MASIPAG JR**
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)

- 9. MOBILE NUMBER (OPTIONAL)** Indicate your primary Mobile Number. In case the applicant is a minor, the Mobile Number of the 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 shall be accepted by the screener.
Example: **EMAIL ADDRESS (Optional) phil:vs@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 documents below.
 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
 PAID DELIVERY
 Put an "X" mark on the PICK UP box if you want to claim the applicant's PhilID Card at the Registration Center.
 Put an "X" mark on the PAID DELIVERY and indicate the applicant's complete delivery address.

SUPPORTING DOCUMENTS

The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY documents:

1. PSA-issued Certificate of Live Birth/Report of Birth
2. PSA-issued Certificate of Foundling
3. DFA-issued Philippine Passport

If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents.

1. Person with Disability (PWD) ID
2. School ID
3. Barangay Certificate ID
4. City/Municipal ID
5. National ID from other countries
6. Residence ID from other countries

For Resident Aliens

- * Valid Foreign Passport AND Alien Certificate of Registration (ACR)
 or Alien Certificate of Registration Identification Card (ACR I-Card)

THIS FORM IS NOT FOR SALE



PHILIPPINE STATISTICS AUTHORITY
PHILIPPINE IDENTIFICATION SYSTEM
CONSENT FORM



I, _____ parent/guardian of
_____, a Filipino citizen, of legal age,
and a resident of _____ hereby,
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



PHILIPPINE STATISTICS AUTHORITY
PHILIPPINE IDENTIFICATION SYSTEM
CONSENT FORM



I, _____ parent/guardian of
_____, a Filipino citizen, of legal age,
and a resident of _____ hereby,
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



PHILIPPINE STATISTICS AUTHORITY
PHILIPPINE IDENTIFICATION SYSTEM
CONSENT FORM



I, _____ parent/guardian of
_____, a Filipino citizen, of legal age,
and a resident of _____ hereby,
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



PHILIPPINE STATISTICS AUTHORITY
PHILIPPINE IDENTIFICATION SYSTEM
CONSENT FORM



I, _____ parent/guardian of
_____, a Filipino citizen, of legal age,
and a resident of _____ hereby,
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)
_____) S.S.

BEFORE ME, a Notary Public for and in consideration of the foregoing, in _____ Philippines, this _____ day of _____ 2024 personally appeared:

JAN 10 2025

Name	Identification Card	Date/Place of Issue
CLAIRE DENNIS S. MAPA, PhD		

known to me and to me known to be the same person who executed the foregoing Memorandum of Agreement, consisting of **nine (9)** pages, **two (2)** of which are the respective Acknowledgement pages of the parties, and which person acknowledged to me that the same is her free and voluntary act and deed, as well as of the entity the said person represents.

WITNESS MY HAND AND NOTARIAL SEAL, on the date and place first above written.

NOTARY PUBLIC

Doc. No. : 118
Page No. : 111
Book No. : 11
Series of 2024

[Handwritten signature]

[Handwritten initials]

[Handwritten initials]

[Handwritten mark]

INSTRUCTIONS

- 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. LINE 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 Suffix.
Example: JUAN SANTOS DELA CRUZ JR
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
2. **SEX** Place an "X" mark on the selected box
Example: MALE FEMALE
3. **DATE OF BIRTH** Fill in Date of Birth in YYYY-MM-DD
Example: 1983-09-10
 (YYYY-MM-DD)
4. **PLACE OF BIRTH** For Filipino citizen, indicate the name of the City/Municipality and Province of your Place of Birth
Example: SAN JUAN METRO MANILA PHILIPPINES
 (City/Municipality) (Province) (Country)
 For Resident Alien, indicate the Country of your Place of Birth. Leave the City/Municipality blank
Example: N/A 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+
 UNKNOWN
6. **FILIPINO OR RESIDENT ALIEN** Place an "X" mark on the selected box if Filipino or Resident Alien
Example: FILIPINO RESIDENT ALIEN
7. **MARITAL STATUS (OPTIONAL)** Place an "X" mark on the selected box.
Example: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED
 ANNULLED NULLIFIED
- 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.*

8. **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/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)
- B. PRESENT ADDRESS (OPTIONAL)**
 3rd Fir Lot 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (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
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country)
- B. PRESENT ADDRESS (OPTIONAL)**
 3rd Fir Block 5 IRIS PSA MAAYOS ANTIPOLO RIZAL PHILIPPINES
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No.) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

9. **MOBILE NUMBER (OPTIONAL)** Indicate your primary Mobile Number. In case the applicant is a minor, the Mobile Number of the 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 accepted by the screener.
Example: EMAIL ADDRESS (Optional) philsys@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 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 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 want to claim your PhilID card at the Registration Center.
 PAID DELIVERY Put an "X" mark on the PAID DELIVERY and indicate 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 Certificate 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-issued 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:

1. PSA-issued Certificate of Live Birth (with BRen number)	11. National Bureau of Investigation (NBI) Clearance
2. PSA-issued Certificate of Founding	12. Police Clearance
3. Integrated Bar of the Philippines (IBP) ID	13. Solo Parent ID
4. Professional Regulation Commission (PRC) ID	14. Person With Disability (PWD) ID
5. Seaman's Book	15. Voter's ID
6. Overseas Workers Welfare Administration (OWWA) OFW e-card/DOLE OFW ID	16. Postal ID
7. Senior Citizen Identification Card	17. Taxpayer Identification Number (TIN) ID
8. Old Social Security System (SSS) ID	18. PhilHealth ID
9. Pantawid Pamilyang Pilipino Program (4Ps) ID	19. National ID from other countries
10. License to Own or Possess Firearms (LTOPF)	20. Residence ID from other countries
	21. 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, and date of birth to be accepted:

- | | |
|---|--------------------------|
| 22. Employee ID | 25. Barangay ID |
| 23. School ID | 26. City/Municipality ID |
| 24. Barangay Clearance/Barangay Certificate | |
- For Resident Aliens:**
 1. Valid Foreign Passport AND Alien Certificate of Registration (ACR) or Alien Certificate of Registration Identification Card (ACR I-Card)
- For Stateless Persons and Refugees:**
 Certificate of Recognition issued by Refugees and Stateless Persons Protection Unit (RSPPU) of the Department of Justice



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.

THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD

1	NAME		D	V
	(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(SUFFIX)
2	SEX	D	V	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
3	DATE OF BIRTH		D	V
	Y Y Y Y M M D D			
4	PLACE OF BIRTH		D	V
	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	
5	BLOOD TYPE	D	V	
	TYPE: <input type="checkbox"/> UNKNOWN			
6	FILIPINO OR RESIDENT ALIEN		D	V
	<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN			
7	A. PERMANENT ADDRESS		D	V
	(RM/FER/UNIT NO. BLDG NAME)	(HOUSE/LOT/BLOCK NO.)	(STREET)	(SUBDIVISION)
	(BARANGAY)	(CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)

FOR PROCESSING PURPOSES ONLY

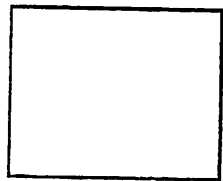
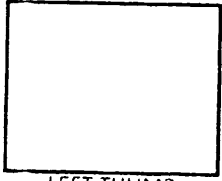
8	B. PRESENT ADDRESS (OPTIONAL)	<input type="checkbox"/> SAME AS PERMANENT ADDRESS	D	V
	(RM/FER/UNIT NO. BLDG NAME)	(HOUSE/LOT/BLOCK NO.)	(STREET)	(SUBDIVISION)
	(BARANGAY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)
	DETAILS OF MOTHER/ FATHER OR GUARDIAN			
	MOTHER:			
	PHILSYS CARD NUMBER (16-digit PCN)			
	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []			
	(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	
	FATHER OR GUARDIAN:			
	PHILSYS CARD NUMBER (16-digit PCN)			
	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []			
	(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(SUFFIX)
9	MOBILE NUMBER (OPTIONAL)		10 EMAIL ADDRESS (OPTIONAL)	
	Notification will be sent through the provided mobile number.			
11	SUPPORTING DOCUMENT/S PRESENTED <small>(Indicate the document/s presented as listed at the back of the Form.)</small>			
	BRN/ID Number/ACR I-Card Number			
	1			
	2			
12	MODE OF CLAIMING THE PHILID CARD			
	<input type="checkbox"/> PICK-UP		<input type="checkbox"/> 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 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.

(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 <i>(To be filled out by the Supervisor)</i>
		<input type="checkbox"/> FRONT FACING PHOTOGRAPH
		<input type="checkbox"/> FINGERPRINTS
		<input type="checkbox"/> IRIS SCAN
		<input type="checkbox"/> Left Iris