

Philippine Registry Form for Persons with Disability

Place
2" x 2"
Photo Here

REGISTRATION NUMBER: _____ **DATE:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

TYPE OF DISABILITY (Please check only one):

Psychosocial Disability Visual Disability Orthopedic (Musculoskeletal) Disability
 Mental Disability Learning Disability Specific Ailment: _____
 Hearing Disability Speech Impairment

ADDRESS

House No. and Street	Barangay	Municipality	Province	Region

TEL NOS: _____ **MOBILE NO.:** _____ **EMAIL ADDRESS:** _____

DATE OF BIRTH (mm/dd/yyyy) _____ **AGE** _____ **SEX (Please check one):** Male Female **NATIONALITY:** _____

BLOOD TYPE: _____

CIVIL STATUS (Please check one):

Single Married Widow/er Separated Co-Habitation

EDUCATIONAL STATUS (Please check one):

Elementary Elementary Undergraduate High School
 High School Undergraduate College College Undergraduate
 Graduate Post Graduate Vocational None

EMPLOYMENT STATUS (Please check one):

Employed Unemployed Displaced Worker
 Resigned Retired Returning Overseas Filipino Worker

NATURE OF EMPLOYER (Please check one if employed):

Private Government

TYPE OF EMPLOYMENT (Please check one if employed):

Contractual Permanent Self-Employed Seasonal

TYPE OF SKILL (Please check one):

Officials of Government and Special Interest Organizations, Corporate Executives, Managers Managing Proprietors and Supervisors
 Professionals
 Technicians and Associate Professionals
 Farmers, Forestry Workers and Fishermen
 Traders and Related Workers
 Others

SSS No.: _____

GSIS No.: _____

Philhealth No.: _____

PhilHealth Member
 PhilHealth Member Dependent

ORGANIZATIONAL INFORMATION: (Optional)

Organization Affiliated: _____

TAX CLAIMANT:

NAME: _____ **Contact Person:** _____

TIN NO.: _____ **Office Address:** _____

Tel Nos.: _____

	Last Name	First Name	Middle Name
FATHER'S NAME :			
MOTHER'S NAME :			
GUARDIAN'S NAME :			

ACCOMPLISHED BY : _____

IN CASE OF EMERGENCY :

Contact Person : _____

Contact Number/s : _____

PWD ID REQUIREMENTS :

Latest:

1. MEDICAL CERTIFICATE / ABSTRACT (for non-apparent disability)
2. BRGY. CLEARANCE / INDIGENCY
3. 2 pcs. 2 X 2 ID PICTURE
4. SIGNATURE (use marker pen or thumb mark on a piece of bond Paper)
5. AUTHORIZATION LETTER (in absence of PWD)



Department of Health
San Lazaro Compound, Sta. Cruz, Manila
Republic of the Philippines



Local Government of Quezon City
Persons with Disability Affairs Office
Tel: 9884242 loc. 8123