

Philippine Registry Form For Persons With Disability

Photo
2"X2"

REGISTRATION NUMBER:	0456240	DATE:	
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
TYPE OF DISABILITY (Please check only one): _____			
<input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Orthopedic(Musculoskeletal) Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Communication Disabilities (deaf/mute/hearing impaired)			
ADDRESS:			
House No. and Street	Barangay	Municipality	Province Region
TEL. NOS.:	MOBILE NO:	EMAIL ADDRESS:	
DATE OF BIRTH (mm/dd/yyyy)	SEX (Please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	NATIONALITY:	BLOOD TYPE:
CIVIL STATUS (Please check one):			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Co-Habitation <input type="checkbox"/> Single parent			
EDUCATIONAL ATTAINMENT (Please check one):			
<input type="checkbox"/> Elementary grad. <input type="checkbox"/> Elementary Undergraduate <input type="checkbox"/> None <input type="checkbox"/> High School Undergrad <input type="checkbox"/> College graduate <input type="checkbox"/> College Undergraduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Vocational			
EMPLOYMENT STATUS (Please check one):			
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Displaced Worker <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Returning Overseas Filipino Worker			
NATURE OF EMPLOYER (Please check one if employed):			
<input type="checkbox"/> Private <input type="checkbox"/> Government			
TYPE OF EMPLOYMENT (Please check one if employed):			
<input type="checkbox"/> Contractual <input type="checkbox"/> Permanent <input type="checkbox"/> Self-Employed <input type="checkbox"/> Seasonal			
TYPE OF SKILLS (Please check one):			
<input type="checkbox"/> Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors <input type="checkbox"/> Professionals <input type="checkbox"/> Technician and Associate Professionals <input type="checkbox"/> Clerks <input type="checkbox"/> Service Workers and Shop and Market Sales Workers <input type="checkbox"/> Farmers, Forestry Workers and Fishermen <input type="checkbox"/> Traders and Related Workers <input type="checkbox"/> Plant and Machine Operators and Assembles <input type="checkbox"/> Laborers <input type="checkbox"/> Unskilled workers <input type="checkbox"/> Special Occupation		SSS No.:	
		GSIS No.:	
		Philhealth No.:	
		<input type="checkbox"/> Philhealth Member <input type="checkbox"/> Philhealth Member Dependent	
		ORGANIZATIONAL INFORMATION:	
		Organization Affiliated:	
		Contact person:	
		Tel. No.:	
		Office Address:	
FATHERS NAME:	LAST NAME	FIRST NAME:	MIDDLE NAME:
MOTHERS NAME			
CONTACT PERSON GUARDIAN:			
Contact No:			
ACCOMPLISHED BY:			