



**APPLICATION FOR CHANGE / CORRECTION OF ENTRIES /
INCLUSION OF RECORD IN THE BOOK OF VOTERS AND
REINSTATEMENT OF NAME IN THE LIST OF VOTERS.**

APPLICATION FOR CHANGE / CORRECTION OF ENTRIES

- Change of name by reason of marriage or by virtue of a court order Correction of wrong or misspelled name in the list of voters Correction of any other entry

THE ELECTION REGISTRATION BOARD

City/Municipality of _____
Province of _____

Through: The Election Officer

Dear Sir/Madam:

I, _____, Filipino, born on _____,
First name/Middle name/Last name *month/day/year*
 a duly registered voter, do hereby request that my _____ as recorded in the list
(information to be changed or corrected)
 for Precinct No. _____, with address at _____
(Sitio, Barangay, Municipality)
 be changed from _____ to _____
(Present data) *(New data)*

That said change/correction is necessary and valid as evidenced by the attached certification/order of the court.

(Signature above Printed Name)

SUBSCRIBED AND SWORN to before me on the above date.

EO/Chairman of the Election Registration Board
(Signature above Printed Name)

**APPLICATION FOR INCLUSION OF RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT
OF NAME IN THE LIST OF VOTERS**

- Inclusion of VRR in the precinct book of voters Reinstatement of registered voter whose name has been omitted in the list of voters

THE ELECTION REGISTRATION BOARD

City/Municipality of _____
Province of _____

Through: The Election Officer

Dear Sir/Madam:

I, _____, Filipino, born on _____,
First name/Middle name/Last name *month/day/year*
 with address at _____,
 a duly registered voter, do hereby request that my name which has been omitted in the list of voters/my
 registration record which has not been included in the precinct book of voters of Precinct no. _____,
 be reinstated/included therein.

The said reinstatement of name/inclusion of registration record is necessary and valid.

(Signature above Printed Name)

SUBSCRIBED AND SWORN to before me on the above date.

EO/Chairman of the Election Registration Board
(Signature above Printed Name)

Notice to the applicant: If your biometrics, i.e. photograph, signature and fingerprints had not been captured digitally, please accomplish the form at the back.

COPY FOR THE CENTRAL FILE

Application No.

[Grid for Application No.]

Precinct No.

[Grid for Precinct No.]

Instructions : (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

PART 1 PERSONAL INFORMATION (To be filled out by Applicant)

NAME, RESIDENCE/ADDRESS, CITIZENSHIP, PERIOD OF RESIDENCE, PROFESSION / OCCUPATION, TIN, NAME OF FATHER, NAME OF MOTHER, GENDER, DATE OF BIRTH, PLACE OF BIRTH, CIVIL STATUS

PART 2 OATH

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; and that I have no pending application for registration in any city/municipality. DATE, Signature of Applicant, EO / Administering Officer

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb, Right Thumb, 1., 2., 3.

PART 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved/Disapproved, Date, Reason for disapproval, Chairman of the Board, Member

PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)

CITY/MUN/DISTRICT CODE, PROV CODE, PRECINCT NO., NAME CODE, MONTH, DAY, YEAR, DATE OF BIRTH



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- Change of name by reason of marriage or by virtue of a court order
- Correction of wrong or misspelled name in the list of voters
- Correction of any other entry

THE ELECTION REGISTRATION BOARD

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Through: The Election Officer

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EO/Chairman of the Election Registration Board
(Signature above Printed Name)

**APPLICATION FOR INCLUSION OF RECORDS IN THE BOOK OF VOTERS/ REINSTATEMENT
OF NAME IN THE LIST OF VOTERS**

- Inclusion of VRR in the precinct book of voters
- Reinstatement of registered voter whose name has been omitted in the list of voters

THE ELECTION REGISTRATION BOARD

City/Municipality of _____
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Dear Sir/Madam:

I, _____, Filipino, born on _____,
First name/Middle name/Last name *month/day/year*
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 a duly registered voter, do hereby request that my name which has been omitted in the list of voters/my
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The said reinstatement of name/inclusion of registration record is necessary and valid.

(Signature above Printed Name)

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EO/Chairman of the Election Registration Board
(Signature above Printed Name)

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COPY FOR THE ELECTION OFFICER

ANNEX "D"

Application No.

Precinct No.

Instructions : (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

PART 1 PERSONAL INFORMATION (To be filled out by Applicant)

NAME

Last, First, Middle name fields with grid boxes.

Illiterate, Disabled/Physical/Mental Disability checkboxes.

Assisted by: (Please fill-up Assistor's Oath)

GENDER

Male, Female, Height, Weight checkboxes and fields.

RESIDENCE/ADDRESS

Province, City/Municipality, Barangay, House No. / Street fields.

DATE OF BIRTH

Month, Day, Year birth date fields.

CITIZENSHIP

By Birth, Naturalized, Reacquired checkboxes.

(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)

Date of Naturalization/Reacquisition, Certificate No./Order of Approval fields.

PLACE OF BIRTH

City/Mun, Province fields.

CIVIL STATUS

Single, Married, Widew/er, Legally Separated checkboxes.

Name of Spouse, if married

PERIOD OF RESIDENCE

No. of Years, No. of Months, No. of Years fields for residence duration.

PROFESSION/OCCUPATION

TIN (Tax Identification Number) field.

NAME OF FATHER

Last, First, Middle name fields for father.

NAME OF MOTHER

Last, First, Middle name fields for mother.

PART 2 OATH

I do solemnly swear that the above statements regarding my person are true and correct...

DATE (Month, Day, Year) field.

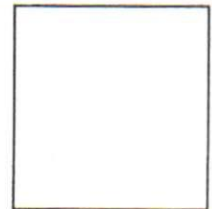
Signature of Applicant Above Printed Name

EO / Administering Officer (Signature above Printed Name)

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES



Left Thumb



Right Thumb

1. 2. 3. (Specimen signature lines)

PART 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved, Disapproved checkboxes and Date field.

With precinct assignment No. field.

Reason for disapproval

Member (Signature above Printed Name)

Chairman of the Board (Signature above Printed Name)

Member (Signature above Printed Name)

PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)

CITY/MUN DISTRICT CODE, PROV CODE fields.

PRECINCT NO. field.

NAME CODE, MONTH, DAY, YEAR, DATE OF BIRTH fields.

ACKNOWLEDGEMENT RECEIPT

Application No.

Application for Registration

Last, First, Middle name fields for registration application.

This is to acknowledge receipt of your Application for registration. You are not yet registered unless approved by the Election Registration Board/(ERB). You need not appear in the ERB hearing unless required through a written notice.

EO/Interviewer Signature Above Printed Name



Republic of the Philippines
COMMISSION ON ELECTIONS

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Application number grid

Precinct No.

Precinct number grid

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PART 1 PERSONAL INFORMATION (To be filled out by Applicant)

NAME Last, First, Middle

Illiterate, Disabled/Person with Disability, Assisted by

RESIDENCE/ADDRESS Province, City/Municipality, Barangay, House No. / Street

GENDER Male, Female, Height, Weight

DATE OF BIRTH Month, Day, Year

CITIZENSHIP By birth, Naturalized, Reacquired, Date of Naturalization/Reacquisition, Certificate No./Order of Approval

PLACE OF BIRTH City/Mun, Province

PERIOD OF RESIDENCE No. of Years, No. of Months, in the City / Mun, in the Philippines

CIVIL STATUS Single, Married, Widower, Legally Separated, Name of Spouse, if married

PROFESSION / OCCUPATION, TIN

NAME OF FATHER Last, First, Middle

NAME OF MOTHER Last, First, Middle

PART 2 OATH

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DATE, Signature of Applicant, EO / Administering Officer

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb, Right Thumb

1. 2. 3.

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Approved/Disapproved, Date, Reason for disapproval, With precinct assignment No., Member, Chairman of the Board, Member

PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)

PROV CODE, CITY/MUN/DISTRICT CODE, PRECINCT NO., MONTH, DAY, YEAR, DATE OF BIRTH, NAME CODE