Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
SCHOOLS DIVISION OF BATANGAS

11 March 2025

UNNUMBERED MEMORANDUM

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

TO : Assistant Schools Division Superintendents
Chief- Curriculum Implementation Division (CID)
Chief- School Governance and Operations Division (SGOD)
Public Schools District Supervisors
Public School Heads
All Others Concerned

1. Attached is the Regional Memorandum No. 160 s. 2025 re: Call for Support to the Philippine Statistics Authority (PSA) on the Implementation of the Philippine Identification System (PHILSYS).

2. Immediate and widest dissemination of this Memorandum is earnestly desired.

MARITES A. IBAÑEZ, CESO V
Schools Division Superintendent

ABCJr./Call for Support to the Philippine Statistics Authority (PSA) on the Implementation of the Philippine Identification System (PHILSYS)/ S6-109944/3-11-2025

Address: Provincial Sports Complex, Bolbok, 4200 Batangas City
Telephone:(043)722-1840 / 722-1796
Email Address: deped.batangas@deped.gov.ph
Website:www.depedbatangas.com

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

DepED DEPARTMENT OF EDUCATION
BAGONG PILIPINAS
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 22 93 0085

Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

ORD-UM01-2025-233

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

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

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 (FIRST NAME) SANTOS (MIDDLE NAME) DELA CRUZ (LAST NAME) JR. (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 (City/Municipality) METRO MANILA (Province) PHILIPPINES (Country)
For Resident Alien, indicate the Country of the applicant's Place of Birth. Leave the City/Municipality blank.
Example: N/A (City/Municipality) N/A (Province) USA (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)
Indicate the applicant's complete address.

Example:

A. PERMANENT ADDRESS

RM 143	BLOCK 143	ATIS	MASAYA	MALIGAYA	QUEZON CITY	METRO MANILA	PHILIPPINES
(Rm/Flr/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/Flr/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				CALIFORNIA	USA
(Rm/Flr/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	ANTIPOLO	RIZAL	PHILIPPINES
(Rm/Flr/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 |
Example:
MOTHER: JOSEFINA (FIRST NAME) GABRIELA (MIDDLE NAME) SILANGAN (LAST NAME) (SUFFIX)
FATHER OR GUARDIAN: JUAN (FIRST NAME) IGNACIO (MIDDLE NAME) MASIPAG (LAST NAME) JR (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)** philsys@psa.gov.ph
PhilSys notification will be sent through the provided email address only.

11. SUPPORTING DOCUMENT/S PRESENTED
BRoN/ID Number/ACR I-Card Number
Write the name of the supporting documents presented. Refer to the list of supporting documents below.
Write the BRoN, ID Number and ACR I-Card Number.
Example:

SUPPORTING DOCUMENT/S PRESENTED	BRoN/ID Number/ACR I-Card Number
1 PSA-issued Certificate of Live Birth	BRoN 123XXXXXXXXX
2. Postal ID	ID No. 123XXXXXXXX

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)

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. : 23
Book No. : II
Series of 2025

REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY

PhilSys Registration Form 1A

FOR 5 YEARS OLD AND ABOVE

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 ☐ MALE ☐ 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 _____ ☐ UNKNOWN

6 FILIPINO OR RESIDENT ALIEN D V

☐ FILIPINO ☐ RESIDENT ALIEN

7 MARITAL STATUS (OPTIONAL) D V

☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ ANNULLED ☐ NULLIFIED

8 A. PERMANENT ADDRESS D V

(RM/FLR/UNIT NO. BLDG NAME) (HOUSE LOT/BLOCK NO.) (STREET) (SUBDIVISION)

(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)

B. PRESENT ADDRESS (OPTIONAL) ☐ SAME AS PERMANENT ADDRESS D V

(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)

(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)

FOR PROCESSING PURPOSES ONLY

9 MOBILE NUMBER (OPTIONAL)

PhilSys notification will be sent through the provided mobile number.

10 EMAIL ADDRESS (OPTIONAL)

PhilSys notification will be sent through the provided email address.

11 SUPPORTING DOCUMENT/S PRESENTED *(Indicate the document/s presented as listed at the back of the form.)*

	BReN/ID Number/ACR I-Card Number
1	
2	

12 MODE OF CLAIMING THE PHILID CARD

☐ PICK-UP
REGISTRATION CENTER: _____

☐ PAID DELIVERY
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 *(To be filled out by the Supervisor)*
		☐ FRONT FACING PHOTOGRAPH ☐ IRIS SCAN ☐ FINGERPRINTS ☐ Left Iris ☐ Right Iris Specify: _____
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME DATE

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
B. PRESENT ADDRESS (OPTIONAL)
Indicate your complete address.
Example:

A. PERMANENT ADDRESS

Rm 143	Block 143	ATIS	MASAYA	MALIGAYA	QUEZON CITY	METRO MANILA	PHILIPPINES
(Rm/Flr/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/Flr/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				CALIFORNIA	USA
(Rm/Flr/Unit No. Bldg Name)	(House/Lot/Block No)	(Street)	(Subdivision)	(Barangay)	(City/Municipality)	(Province/State)	(Country)

B. PRESENT ADDRESS (OPTIONAL)

3rd Flr	Block 5	IRIS	PSA	MAAYOS	ANTIPOLO	RIZAL	PHILIPPINES
(Rm/Flr/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.

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 123XXXXXXXXX
2. Postal ID	ID No. 123XXXXXXXXX

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 / NSO-issued Certificate of Live Birth (w/o BReN number)
2. PSA-issued Certificate of Foundling
3. Integrated Bar of the Philippines (IBP) ID
4. Professional Regulation Commission (PRC) ID
5. Seaman's Book
6. Overseas Workers Welfare Administration (OWWA) OFW e-card/DOLE OFW ID
7. Senior Citizen Identification Card
8. Old Social Security System (SSS) ID
9. Pantawid Pamilyang Pilipino Program (4Ps) ID
10. License to Own or Possess Firearms (LTOPF)
11. National Bureau of Investigation (NBI) Clearance
12. Police Clearance
13. Solo Parent ID
14. Person With Disability (PWD) ID
15. Voter's ID
16. Postal ID
17. Taxpayer Identification Number (TIN) ID
18. PhilHealth ID
19. National ID from other countries
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
23. School ID
24. Barangay Clearance/Barangay Certificate
25. Barangay ID
26. City/Municipality ID

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

THIS FORM IS NOT FOR SALE

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 ☐ MALE ☐ 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: _____ ☐ UNKNOWN

6 FILIPINO OR RESIDENT ALIEN D V ☐ FILIPINO ☐ RESIDENT ALIEN

7 A. PERMANENT ADDRESS D V

(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)

(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)

FOR PROCESSING PURPOSES ONLY

B. PRESENT ADDRESS (OPTIONAL) ☐ SAME AS PERMANENT ADDRESS D V

(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)

(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)

8 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)

Notification will be sent through the provided mobile number.

10 EMAIL ADDRESS (OPTIONAL)

Notification will be sent through the provided email address.

11 SUPPORTING DOCUMENT/S PRESENTED *(Indicate the document/s presented as listed at the back of the Form.)*

	BReN/ID Number/ACR I-Card Number
1	
2	

12 MODE OF CLAIMING THE PHILID CARD

☐ PICK-UP REGISTRATION CENTER: _____

☐ PAID DELIVERY 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 *(To be filled out by the Supervisor)*
		☐ FRONT FACING PHOTOGRAPH ☐ IRIS SCAN ☐ FINGERPRINTS ☐ Left Iris