



Republic of the Philippines  
Province of Pampanga  
Municipality of Sta. Ana



## OFFICE OF THE MUNICIPAL MAYOR

### APPLICATION FORM

MAYOR'S CLEARANCE / WORKING PERMIT

SURNAME	GIVEN NAME		MIDDLE NAME	
DATE OF BIRTH	PLACE OF BIRTH	AGE	SEX	MARITAL STATUS
CONTACT NUMBER:				
ADDRESS				
WORK/ POSITION				
NAME OF COMPANY				
RELIGION				
CTC NO	PLACE OF ISSUE	DATE OF ISSUE		
POLICE/NBI CLEARANCE NO	DATE ISSUED	DATE OF EXPIRATION		
HEALTH CARD NO.	DATE OF ISSUED	DATE OF EXPIRATION		
MWP OR NO.	DATE ISSUED			

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**Applicant's Signature**