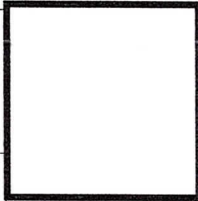


Philippine Registry Form For Persons With Disability



REGISTRATION NUMBER:		DATE:	
-----------------------------	--	--------------	--

LAST NAME:	FIRST NAME:	MIDDLE NAME:
-------------------	--------------------	---------------------

TYPE OF DISABILITY (Please check only one):

<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Disability	<input type="checkbox"/> Multiple Disabilities

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:
------------------------------------	---	---------------------

CIVIL STATUS (Please check one):

Single Married Widow/er Separated Co-Habitation

EDUCATIONAL ATTAINMENT (Please check one):

<input type="checkbox"/> Elementary	<input type="checkbox"/> Elementary Undergraduate	<input type="checkbox"/> High School
<input type="checkbox"/> High School Undergraduate	<input type="checkbox"/> College	<input type="checkbox"/> College Undergraduate
<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> 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

<p>TYPE OF SKILL (Please check one):</p> <p><input type="checkbox"/> Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors</p> <p><input type="checkbox"/> Professionals</p> <p><input type="checkbox"/> Technicians and Associate Professionals</p> <p><input type="checkbox"/> Clerks</p> <p><input type="checkbox"/> Service Workers and Shop and Market Sales Workers</p> <p><input type="checkbox"/> Farmers, Forestry Workers and Fishermen</p> <p><input type="checkbox"/> Trades and Related Workers</p> <p><input type="checkbox"/> Plant and Machine Operators and Assemblers</p> <p><input type="checkbox"/> Laborers</p> <p><input type="checkbox"/> Unskilled Workers</p> <p><input type="checkbox"/> Special Occupation</p>	<p>SSS No.:</p> <p>GSIS No.:</p> <p>PhilHealth No.:</p> <p><input type="checkbox"/> PhilHealth Member <input type="checkbox"/> PhilHealth Member Dependent</p> <p>ORGANIZATIONAL INFORMATION:</p> <p>Organization Affiliated:</p> <p>Contact Person:</p> <p>Office Address:</p> <p>Tel. Nos.:</p>
---	---

	Last Name	First Name	Middle Name
FATHER'S NAME:			
MOTHER'S NAME			
GUARDIAN'S NAME			
ACCOMPLISHED BY:			
NAME OF REPORTING UNIT:			



**MUNICIPALITY OF STA ANA PAMPANGA
MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE**

