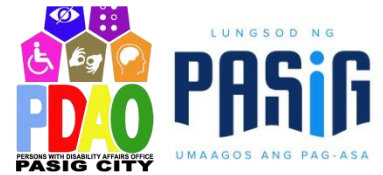




**CITY GOVERNMENT OF PASIG**  
 Person with Disability Affairs Office PDAO  
**DEPARTMENT OF HEALTH**

Philippine Registry for Person With Disability Version 3.0



NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ LOST: \_\_\_\_\_ REPLACEMENT: \_\_\_\_\_ TRANSFER: \_\_\_\_\_

1. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN)*			2. DATE APPLIED:*		Place 1x1 Photo Here
3. PERSONAL INFORMATION*					
LAST NAME:*	FIRST NAME:*	MIDDLE NAME:*	SUFFIX:		
4. DATE OF BIRTH *	AGE: *	5. RELIGION:	6. ETHNIC GROUP		
7. SEX: * <input type="radio"/> Male <input type="radio"/> Female	8. CIVIL STATUS: * <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widower <input type="radio"/> Widow/er <input type="radio"/> Cohabitation (live-in)		9. BLOOD TYPE: <input type="radio"/> A+ <input type="radio"/> AB+ <input type="radio"/> B+ <input type="radio"/> O+ <input type="radio"/> A- <input type="radio"/> AB- <input type="radio"/> B- <input type="radio"/> O-		
10. TYPE OF DISABILITY: * <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Visual Disability			11. CAUSE OF DISABILITY: * <input type="checkbox"/> Acquired <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Congenital/Inborn <input type="checkbox"/> Injury <input type="checkbox"/> Rare Disease <input type="checkbox"/> Autism		
12. RESIDENCE ADDRESS *					
House No. And Street:*	Barangay:*	Municipality: *	Province: *	Region: *	
13: CONTACT DETAILS					
Landline Number:		Mobile Number:		Email Address:	
14. EDUCATIONAL ATTAINMENT: * <input type="checkbox"/> None <input type="checkbox"/> Elementary Education <input type="checkbox"/> High School Education <input type="checkbox"/> College <input type="checkbox"/> Postgraduate Program <input type="checkbox"/> Non-Formal Education <input type="checkbox"/> Vocational		15. STATUS OF EMPLOYMENT: * <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed		16. OCCUPATION: * <input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technician and Associate Professionals <input type="checkbox"/> Clerical Support Workers <input type="checkbox"/> Service and Sales Workers <input type="checkbox"/> Skilled Agricultural, Forestry & Fishery Workers <input type="checkbox"/> Plant and Machine Operators & Assemblers <input type="checkbox"/> Elementary Occupations <input type="checkbox"/> Armed Forces occupations Others, specify: _____	
		15a. CATEGORY OF EMPLOYMENT: * <input type="checkbox"/> Government <input type="checkbox"/> Private			
		15b. TYPES OF EMPLOYMENT: * <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Emergency			
17. ORGANIZATION INFORMATION:					
Organization Affiliated:		Contact Person:	Office Address:	Tel. Nos.:	
18. ID REFERENCE NO.:					
SSS NO.:		GSIS NO.:	Pag-IBIG NO.:	PHILHEALTH NO.:	
19. FAMILY BACKGROUND					
		LAST NAME	FIRST NAME	MIDDLE NAME	
		FATHER'S NAME:			
		MOTHER'S NAME:			
		GUARDIAN'S NAME:			
20. ACCOMPLISHED BY: *					
20A. NAME OF REPORTING UNIT:					
21. REGISTRATION NUMBER:					

**APPLICATION REQUIREMENTS**

**FOR NEW APPLICANT**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>PWD Application Form</li> <li>Recent Medical Certificate of Disability with Doctor's Signature, PTR &amp; License Number</li> <li>Voter's ID/Registration</li> <li>Brgy. Certificate (if not a registered voter of Pasig City)</li> </ul> | <ul style="list-style-type: none"> <li>2pcs 1x1 ID picture</li> <li>1 whole body picture holding a recent calendar (<b>proof of life</b>)</li> <li>Copy of Birth Certificate</li> </ul> | <ul style="list-style-type: none"> <li>Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.</li> </ul> |
|--|---|--|

**FOR ID RENEWAL**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>PWD Application Form</li> <li>Old or New Medical Certificate of Disability with Doctor's Signature, PTR &amp; License Number</li> <li>Voter's ID/Registration</li> </ul> | <ul style="list-style-type: none"> <li>2pcs 1x1 ID picture</li> <li>1 whole body picture holding a recent calendar (<b>proof of life</b>)</li> <li>Copy of Birth Certificate</li> </ul> | <ul style="list-style-type: none"> <li>Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.</li> </ul> |
|---|---|--|

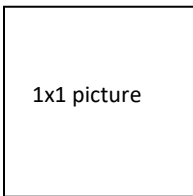
**FOR LOST ID: Please submit application form, copy of medical certificate, proof of life (picture with recent calendar) and affidavit of loss.**



WALK IN \_\_\_\_\_ BARANGAY \_\_\_\_\_ ONLINE \_\_\_\_\_ ENDORSED \_\_\_\_\_

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ LOST: \_\_\_\_\_ REPLACEMENT: \_\_\_\_\_ TRANSFER: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ CTRL NO. \_\_\_\_\_  
LAST NAME NAME MIDDLE NAME



PWD NUMBER: \_\_\_\_\_ BARANGAY: \_\_\_\_\_

TYPE OF DISABILTY: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Contact Number: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
Month/Date/Year Male/Female

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**In case of emergency please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I \_\_\_\_\_ resident of Barangay \_\_\_\_\_, Pasig City agreed to consent by submitting this reply form; consent to the collection, generation, use, processing, storage and retention of my personal data by PDAO for the purpose(s) described in this document. Please ensure that you have completely read and understood the terms before signing. Any change will not be applied and will not alter how PDAO handles previously collected personal data without obtaining your consent, unless required by law.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Republic Act No. 10173, or the Data Privacy Act of 2012 (DPA), with the National Privacy Commission (NPC) overseeing its proper implementation.

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

