Philippine Registry Form for Persons With Disability

Place 1" X 1" Photo here

REGISTRATION NUMBER: | **DATE:**

LAST NAME: | **FIRST NAME:** | **MIDDLE NAME:**

TYPE OF DISABILITY ***(Please check only one)*****:**

- ☐ Psychosocial Disability
- ☐ Chronic Illness
- ☐ Learning Disability
- ☐ Mental Disability
- ☐ Visual Disability
- ☐ Orthopedic (Musculoskeletal) Disability
- ☐ Hearing Disability
- ☐ Speech Impairment
- ☐ 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)*****:** ☐ Male ☐ Female

NATIONALITY:

CIVIL STATUS ***(Please check one)*** **:**

☐ Single ☐ Married ☐ Widow/er ☐ Separated ☐ Co-Habitation

EDUCATIONAL ATTAINMENT ***(Please check one):***

- ☐ Elementary
- ☐ Elementary Undergraduate
- ☐ High School
- ☐ High School Undergraduate
- ☐ College
- ☐ College Undergraduate
- ☐ Graduate
- ☐ Post Graduate
- ☐ 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

TYPE OF SKILL ***(Please check one)*****:**

- ☐ Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors
- ☐ Professionals
- ☐ Technicians and Associate Professionals
- ☐ Clerks
- ☐ Service Workers and Shop and Market Sales Workers
- ☐ Farmers, Forestry Workers and Fishermen
- ☐ Trades and Related Workers
- ☐ Plant and Machine Operators and Assemblers
- ☐ Laborers
- ☐ Unskilled Workers
- ☐ Special Occupation

SSS No.:	
GSIS No.:	
PhilHealth No:	

- ☐ PhilHealth Member
- ☐ PhilHealth Member Dependent

ORGANIZATIONAL INFORMATION:

Organization Affiliated:	
Contact Person:	
Office Address:	
Tel. Nos.:	

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