



# APPLICATION FOR TRANSFER/ TRANSFER WITH REACTIVATION

## APPLICATION FOR TRANSFER OF REGISTRATION RECORD DUE TO CHANGE OF RESIDENCE

within the same city/municipality/district  to another city/municipality/district

I, \_\_\_\_\_, Filipino, born on \_\_\_\_\_,  
*First name Middle name/Last name* *month/day/year*  
a duly registered voter in Precinct No. \_\_\_\_\_ of Barangay \_\_\_\_\_,  
City/Municipality of \_\_\_\_\_, Province of \_\_\_\_\_, single/widow/er/legally  
separated/married to \_\_\_\_\_, do hereby apply for the transfer of my registration  
record due to transfer of my residence to:

House No./Street. \_\_\_\_\_  
Sitio \_\_\_\_\_ Barangay: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_ Province: \_\_\_\_\_

That I have resided in my new residence for \_\_\_ years and \_\_\_ months.

**(To be filled out by applicant applying for transfer with reactivation.)**

Further, I do hereby apply for the reactivation of my registration record which was deactivated due to *(please check appropriate box)*:

- 1. Sentence by final judgment to suffer imprisonment for not less than one (1) year;
- 2. Conviction, by final judgment, of crime involving disloyalty to the duly constituted government, etc;
- 3. Declaration of insanity or incompetence by a competent authority;
- 4. Failure to vote in two (2) successive preceding regular elections;
- 5. Loss of Filipino Citizenship; or
- 6. Exclusion by a court order.

That said ground no longer exists, as evidenced by the attached certification/order of the court (in case of 1,2,3, 5 and 6).

IN WITNESS WHEREOF, I have hereunto affix my signature this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ at \_\_\_\_\_,  
Province of \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature above Printed Name)

SUBSCRIBED AND SWORN to before me on the above date.

\_\_\_\_\_  
EO/Chairman of the Election Registration Board  
(Signature above Printed Name)

**Notice to the applicant:** Please accomplish the form at the back and have your biometric data i.e., your photograph, signature and fingerprints captured digitally if: 1.) transfer is within the same city/municipality and you have not previously undergone validation procedure; or 2.) transfer is to another city/municipality.

COPY FOR THE CENTRAL FILE



Application No.

Precinct No.

**Instructions :** (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

**PART 1 PERSONAL INFORMATION (To be filled out by Applicant)**

**NAME**  
 Last   
 First   
 Middle

Illiterate  Disabled/  
~~Disability~~  
 at                                 

Assisted by: \_\_\_\_\_  
 (Please fill-up Assistor's Oath)

**GENDER**  Male  Female  
 \_\_\_\_\_ Height \_\_\_\_\_ Weight

**RESIDENCE/ADDRESS** Province   
 City/Municipality  Barangay   
 House No./ Street

**DATE OF BIRTH**  
 -  -   
 Month Day Year

**PLACE OF BIRTH**  
 City/Mun \_\_\_\_\_  
 Province \_\_\_\_\_

**CITIZENSHIP** \_\_\_\_\_  By Birth  Naturalized  Reacquired  
 (If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval of reacquisition)  
 Date of Naturalization/  
 Reacquisition Month Day Year \_\_\_\_\_ Certificate No./Order of Approval \_\_\_\_\_

**CIVIL STATUS**  
 Single  Widow/er  
 Married  Legally Separated  
 Name of Spouse, if married \_\_\_\_\_

**PERIOD OF RESIDENCE**  
 In the City /Mun No. of Years No. of Months In the Philippines No. of Years

**PROFESSION/OCCUPATION** \_\_\_\_\_ **TIN**  -  -

**NAME OF FATHER**  
 Last   
 First   
 Middle

**NAME OF MOTHER**  
 Last   
 First   
 Middle

**PART 2 OATH ROLLED THUMBPRINTS / SPECIMEN SIGNATURES**

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I have no pending application for registration in any city/municipality; and that I am not registered in any precinct in the Philippines.

DATE  -  -   
 Month Day Year \_\_\_\_\_  
 Signature of Applicant  
 Above Printed Name

Left Thumb                      Right Thumb

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_  
 EO / Administering Officer  
 (Signature above Printed Name)

**PART 3 ACTION BY THE ELECTION REGISTRATION BOARD**

Approved  Disapproved  
 Month Day Year \_\_\_\_\_ With precinct assignment No.   
 Date \_\_\_\_\_ Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 Member Signature above Printed Name                      Chairman of the Board Signature above Printed Name                      Member Signature above Printed Name

**PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)**

CITY/MUN DISTRICT CODE       NAME CODE    MONTH DAY YEAR     DATE OF BIRTH

PROV CODE

PRECINCT NO.

DATE OF BIRTH





Republic of the Philippines  
**COMMISSION ON ELECTIONS**

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 Province of \_\_\_\_\_, Philippines.

\_\_\_\_\_  
 (Signature above Printed Name)

SUBSCRIBED AND SWORN to before me on the above date.

\_\_\_\_\_  
 EO/Chairman of the Election Registration Board  
 (Signature above Printed Name)

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COPY FOR THE ELECTION OFFICER

ANNEX "B"



Application No.

Precinct No.

Instructions : (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

PART 1 PERSONAL INFORMATION (To be filled out by Applicant)

NAME

Last First Middle

Illiterate Disabled/Personally and Directly

Assisted by: (Please fill-up Assistor's Oath)

GENDER Male Female

Height Weight

RESIDENCE/ADDRESS

Province City/Municipality Barangay House No./ Street

DATE OF BIRTH

Month Day Year

PLACE OF BIRTH

City/Mun Province

CITIZENSHIP

By Birth Naturalized Reacquired

(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate Number of naturalization/order of approval)

Date of Naturalization/ Reacquisition Certificate No./Order of Approval

CIVIL STATUS

Single Married Legally Separated Widow/er

Name of Spouse, if married

PERIOD OF RESIDENCE

No. of Years No. of Months In the City /Mun In the Philippines

PROFESSION/OCCUPATION

TIN

NAME OF FATHER

Last First Middle

NAME OF MOTHER

Last First Middle

PART 2 OATH

I do solemnly swear that the above statements regarding my person are true and correct...

DATE Month Day Year

Signature of Applicant Above Printed Name

EO / Administering Officer (Signature above Printed Name)

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb Right Thumb

1. 2. 3.

PART 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved Disapproved Date

With precinct assignment No.

Reason for disapproval

Member Signature above Printed Name

Chairman of the Board Signature above Printed Name

Member Signature above Printed Name

PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)

PROV CODE CITY/MUN DISTRICT CODE PRECINCT NO. MONTH DAY YEAR NAME CODE

ACKNOWLEDGEMENT RECEIPT

Application No.

Application for Registration

Last First Middle

This is to acknowledge receipt of your Application for registration. You are not yet registered unless approved by the Election Registration Board/(ERB). You need not appear in the ERB hearing unless required through a written notice.

EO/Interviewer Signature Above Printed Name

ANNEX "B"





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COPY FOR THE PROVINCIAL FILE



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NAME
Last
First
Middle

Illiterate
Disabled/
Assisted by:
GENDER Male Female
Height Weight

RESIDENCE/ADDRESS
Province
City/Municipality
Barangay
House No./ Street

DATE OF BIRTH
Month Day Year
PLACE OF BIRTH
City/Mun
Province

CITIZENSHIP
By Birth
Naturalized
Reacquired
Date of Naturalization/ Reacquisition
Certificate No./Order of Approval

CIVIL STATUS
Single
Widow/er
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Legally Separated
Name of Spouse, if married

PERIOD OF RESIDENCE
No. of Years No. of Months
In the City /Mun
In the Philippines

PROFESSION/OCCUPATION
TIN

NAME OF FATHER
Last
First
Middle

NAME OF MOTHER
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First
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DATE
Month Day Year
Signature of Applicant
Above Printed Name
EO / Administering Officer
(Signature above Printed Name)

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb
Right Thumb
1. 2. 3.

PART 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved
Disapproved
Date
Reason for disapproval
With precinct assignment No.
Member
Chairman of the Board
Member

PART 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election Officer)

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PRECINCT NO.
NAME CODE
MONTH DAY YEAR
DATE OF BIRTH