



**APPLICATION FOR REACTIVATION OF  
REGISTRATION RECORD**

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 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, or 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:** If your biometrics, i.e. photograph, signature and fingerprints had not been captured digitally, please accomplish the form at the back.

COPY FOR THE CENTRAL FILE







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\_\_\_\_\_  
(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)

COPY FOR THE ELECTION OFFICER

ANNEX "C"

**Notice to the applicant:** If your biometrics, i.e. photograph, signature and fingerprints had not been captured digitally, please accomplish the form at the back.



Application No.

[Grid for Application No.]

Precinct No.

[Grid for Precinct No.]

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

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

NAME

Last, First, Middle name fields

Illiterate, Disabled / Person with Physical Disability

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

GENDER

Male, Female

Height, Weight

DATE OF BIRTH

Month, Day, Year

PLACE OF BIRTH

City/Mun, Province

CIVIL STATUS

Single, Married, Widow/er, Legally Separated

Name of Spouse, if married

RESIDENCE/ADDRESS

Province, City/Municipality, Barangay, House No. / Street

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

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; 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

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)

CITY/MUN DISTRICT CODE, PROV CODE, PRECINCT NO., NAME CODE, MONTH, DAY, YEAR, DATE OF BIRTH

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





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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)

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COPY FOR THE PROVINCIAL FILE

Application No.

Application number input fields

Precinct No.

Precinct number input fields

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

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

NAME

Name input fields: Last, First, Middle

Illiterate, Disabled / Person with Disability checkboxes

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

GENDER

Male, Female checkboxes

Height, Weight input fields

DATE OF BIRTH

Date of birth input fields: Month, Day, Year

PLACE OF BIRTH

City/Mun, Province input fields

CIVIL STATUS

Single, Widow/er checkboxes

Married, Legally Separated checkboxes

Name of Spouse, if married

RESIDENCE/ADDRESS

Province input field

City/Municipality

Barangay

City/Municipality and Barangay input fields

House No. / Street

House No. / Street input field

CITIZENSHIP

By birth, Naturalized, Reacquired checkboxes

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

Date of Naturalization/Reacquisition, Certificate No./Order of Approval input fields

PERIOD OF RESIDENCE

No. of Years, No. of Months, No. of Years input fields

PROFESSION / OCCUPATION

TIN input fields

NAME OF FATHER

Name of Father input fields: Last, First, Middle

NAME OF MOTHER

Name of Mother input fields: Last, First, Middle

PART 2 OATH

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.

Month, Day, Year input fields

Signature of Applicant Above Printed Name

EO / Administering Officer (Signature above Printed Name)

ROLLED THUMBPRINTS / SPECIMEN SIGNATURES

Left Thumb box

Left Thumb

Right Thumb box

Right Thumb

1. 2. 3. (Signature lines)

PART 3 ACTION BY THE ELECTION REGISTRATION BOARD

Approved checkbox, Date input fields

Disapproved checkbox, Date input fields

With Precinct Assignment No. input fields

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, PROV CODE input fields

PRECINCT NO. input fields

NAME CODE, DATE OF BIRTH input fields