



ARMED FORCES OF THE PHILIPPINES ID APPLICATION FORM



ACTIVE OFFICER / ENLISTED PERSONNEL

ID No.: _____ Control No.: _____

FIRSTNAME: [Grid]
MIDDLENAME: [Grid]
LASTNAME: [Grid]

APPLICABLE FOR MARRIED FEMALE
MAIDEN'S MIDDLENAME: [Grid]
MAIDEN'S LASTNAME: [Grid]

RANK: [Grid] BRSVC: [Grid]

AFPSN: [Grid]

UNIT ASSIGNMENT: [Grid]

HOME ADDRESS: [Grid]

WEIGHT: [Grid] kgs. HEIGHT: [Grid] cms. BLOOD TYPE: [Grid]

OTHER IDENTIFYING DATA: [Grid]

RELIGION: [Grid] TIN: [Grid]

PHILHEALTH NO. [Grid]

ETAD / ETE (DD-MMM-YYYY) [Grid]

DATE OF BIRTH: (DD-MMM-YYYY): [Grid] GENDER: [Grid]

PLACE OF BIRTH: [Grid]

MARITAL STATUS: (PLEASE CHECK ONE) SINGLE MARRIED WIDOWED SEPARATED BY COURT ORDER ANNULLED

NAME OF PARENTS FATHER MOTHER'S MAIDEN NAME
FIRSTNAME: [Grid] [Grid]
MIDDLENAME: [Grid] [Grid]
LASTNAME: [Grid] [Grid]
CRN (IF AVAILABLE): [Grid] [Grid]
OCCUPATION: [Grid] [Grid]

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AND RELATIONSHIP
[Grid]

ADDRESS OF PERSON TO BE NOTIFIED:
[Grid]
CONTACT NO.: [Grid]

Statement of Consent

I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for the Unified Multi-Purpose ID (UMID) System or updating my personal data and that it shall form part of the CRN Registry. I trust that the above data shall remain confidential hence I give my consent that the same data be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of the UM-ID System under Executive Order No. 420 only. I further affirm that all statements/data, which appear in this registration form and made by me are true and complete to the best of my knowledge and belief.

DATE SIGNED _____

SIGNATURE OVER PRINTED NAME _____

REQUIREMENTS

1. Duly accomplished application form and endorse by their Admin Officer.
2. ORDERS : CAD/ETAD (for officers), Enlistment/Re-Enlistment (for Enlisted Personnel), Promotion, Assignment, Change of Branch of Service, Change of Marital Status, Amendment Orders, whatever is applicable.
3. Present Old AFP ID. If Lost attached Affidavit.

PASTE
Recent (15 days old)
2x2 color picture
in GOA uniform,
w/ white background,
no mustache/beard,
in proper haircut,
authorized nameplate
must be visible
in proper placement

KEEP SIGNATURE INSIDE THE BOX
(PLEASE USE BLACK SIGN PEN)

RIGHT THUMBMARK

REMARKS:

ENDORSED BY: _____
SIGNATURE OVER PRINTED NAME

APPROVED BY: _____
SIGNATURE OVER PRINTED NAME

PROCESSED BY: _____

RANK _____ BR OF SVC _____

TAG, AFP / MAJ SVC ADJ _____

VERIFIED BY : _____

RECORDED BY : _____

FrmCd:200701 UNIT ADJ / ADMIN O _____

ID no.: _____
(c/o OTAG-PCRD)

DATE: _____

ID no.: _____
(c/o OTAG-PCRD)

DATE: _____

Firstname/Lastname _____

Control No.: _____
(c/o GMP)

Control No.: _____
(c/o GMP)

- 1) Paid the amount of SEVENTY PESOS (PhP70.00) for AFP ID.
- 2) Please present this when claiming your AFP ID on _____

Received the amount of SEVENTY PESOS (PhP70.00) for payment of AFP ID

Cashier's Signature
CLAIM STUB

Cashier's Signature
CASHIER'S COPY