



# ARMED FORCES OF THE PHILIPPINES ID APPLICATION FORM CIVILIAN EMPLOYEE



ID No.: \_\_\_\_\_ Control No.: \_\_\_\_\_

STATUS OF APPOINTMENT:  REGULAR  CASUAL

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

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

DESIGNATION: [Grid]

OFFICE 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]

GSIS NO.: [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

NAME OF PARENTS FATHER MOTHER'S MAIDEN NAME  
FIRSTNAME: [Grid] [Grid]  
MIDDLENAME: [Grid] [Grid]  
LASTNAME: [Grid] [Grid]  
CRN (IF AVAILABLE): [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. Application form duly accomplished and endorsed by their Admin Officer.
2. Appointment Order / Plantilla, Promotion, Change of Marital Status whatever is applicable.

**PASTE**  
Recent (15 days old)  
2x2 colored picture  
w/ white background  
in prescribe uniform

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

RIGHT THUMBMARK

REMARKS:

ENDORSED BY: \_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
RANK \_\_\_\_\_ BR OF SVC \_\_\_\_\_  
UNIT ADJ / ADMIN O \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
TAG, AFP / MAJ SVC ADJ \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_  
VERIFIED BY : \_\_\_\_\_  
RECORDED BY : \_\_\_\_\_

FrmCd:200701

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