



Republic of the Philippines  
**Department of Education**  
REGION I  
SCHOOLS DIVISION OF THE CITY OF BATAC

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DIVISION MEMORANDUM  
No. **113**, s. 2025

18 FEB 2025

**MEMORANDUM OF AGREEMENT WITH THE PHILIPPINE STATISTICS  
AUTHORITY FOR THE IMPLEMENTATION OF REPUBLIC ACT NO. 11055 OR  
THE "PHILSYS ACT"**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Unit and Section Heads  
Public Elementary and Secondary School Heads  
Private Elementary and Secondary, SUC School Heads  
All Others Concerned

1. Reference to Memorandum DM-OUPS-2025-13-00485, this office hereby enjoined to cooperate with and provide support to the regional and provincial offices of PSA as to the schedule and requirements for the registration of learners under ePhilID.
2. Attached is the copy of the Memorandum DM-OUPS-2025-13-00485 for reference.
3. For immediate dissemination and guidance of all concerned.

  
**ANSELMO R. ALUDINO**  
Schools Division Superintendent

Encl.: As stated,  
Reference: DM-OUPS-2025-13-00485  
To be included in the Perpetual Index  
Under the following subject:

ALLOCATION  
BUDGET

SGOD/gpi/MOA\_PSA  
25009/February 17, 2025



DepEd Batac City

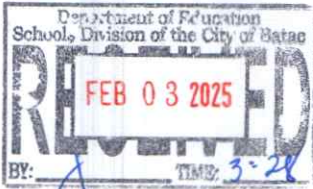


batac.city@deped.gov.ph



www.csdбатаc.com

Asuncion Street, 16-S Quiling Sur,  
City of Batac, Ilocos Norte  
Telephone No.: (077) 677-1993



Republika ng Pilipinas  
Department of Education

OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

**MEMORANDUM**  
**DM-OUOPS-2025-13-00485**

**TO :** ALL REGIONAL DIRECTORS  
ALL SCHOOLS DIVISION SUPERINTENDENTS  
ALL OTHERS CONCERNED

**FROM :** MALCOLM S. GARMA  
*Assistant Secretary, Officer-In-Charge,  
Office of the Undersecretary for Operations*

**SUBJECT :** MEMORANDUM OF AGREEMENT WITH THE PHILIPPINE  
STATISTICS AUTHORITY FOR THE IMPLEMENTATION OF  
REPUBLIC ACT NO. 11055 OR THE "PHILSYS ACT"

**DATE :** January 27, 2025

This has reference to the attached copy of approved and duly notarized Memorandum of Agreement (MOA) between the Department and the Philippine Statistics Authority (PSA) for the implementation of Republic Act No. 11055, otherwise known as the "Philippine Identification System" or the "PhilSys Act."

The MOA aims to enjoin all DepEd offices, schools, and learning centers to support and participate in the conduct of PhilSys institutional operations to cover the remaining unregistered population and facilitate the issuance of electronic Philippine Identification (ePhilID) to them.

In this regard, all concerned are hereby enjoined to cooperate with and provide support to the regional and provincial offices of PSA as to the schedule and requirements for the registration of learners under ePhilID. Kindly refer to Section 3.2.4 of the MOA, detailing the assistance needed by PSA from schools.

For further inquiries and concerns, kindly communicate with External Partnerships Service through email at [externalpartnerships@deped.gov.ph](mailto:externalpartnerships@deped.gov.ph) or telephone numbers (02) 8638-8637 and (02) 8638-8639.

For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY  
[osec@deped.gov.ph](mailto:osec@deped.gov.ph)



## MEMORANDUM OF AGREEMENT

### KNOW ALL MEN BY THESE PRESENTS:

This **MEMORANDUM OF AGREEMENT** (the "**Agreement**") is made and entered into, by and between:

**DEPARTMENT OF EDUCATION**, a government agency created by virtue of Republic Act 9155, with principal office address at Department of Education Complex, Meralco Avenue, Pasig City, 1605, Philippines, duly represented herein by the **Secretary of Education, JUAN EDGARDO M. ANGARA**, hereinafter referred to as "DepEd"

- and -

The **PHILIPPINE STATISTICS AUTHORITY**, a government office duly established under Republic Act No. 10625 or the Philippine Statistical Act of 2013, with office address at PSA Complex, East Avenue, Diliman Quezon City 1101, Philippines, represented by its Undersecretary, National Statistician, and Civil Registrar General, **CLAIRE DENNIS S. MAPA, Ph.D.**, hereinafter referred to as "**PSA**"

**DepEd** and **PSA** are hereinafter collectively referred to as "**Parties**" and individually referred to as "**Party**"

### WITNESSETH, that

**WHEREAS**, Republic Act (RA) No. 11055, otherwise known as the Philippine Identification System (PhilSys) Act created the PhilSys for the establishment of a single national identification system to register all Filipinos and resident aliens of the Republic of the Philippines;

**WHEREAS**, Section 15 of RA No. 11055 vested the PSA as the primary implementing agency to carry out the provisions of the PhilSys Act. The said provision also empowers the PSA to collaborate with Local Government Units (LGUs), other government agencies, and Government-owned or-Controlled Corporations (GOCCs) to ensure the registration and enrolment of all citizens and resident aliens to PhilSys including the Indigenous Cultural Communities/Indigenous Peoples and those located in remote localities;

**WHEREAS**, Section 9 of RA No. 11055 provides that special arrangements shall be made for the registration of minors. Moreover, Section 8(b) of the Revised Implementing Rules and Regulations (Revised IRR) of RA No. 11055 mandates the PSA to coordinate with the appropriate agencies for the registration of those needing special arrangements, including minors. Further, the said provision also authorized the PSA to conduct mobile registration activities to ensure the enrolment of all Filipinos and resident aliens of the Republic of the Philippines. dab

**NOW, THEREFORE**, for and in consideration of the foregoing premises and the terms and conditions hereinafter set forth, the above parties hereby mutually agree as follows:



DEPARTMENT OF EDUCATION  
RECORDS DIVISION, CENTRAL OFFICE  
**RELEASED**  
00372  
By: ALMA D. AP... JAN 15 2025

DEPARTMENT OF EDUCATION  
RECEIVED  
JAN 15 2025  
Michael B. Jose TIME 9:00

*Alma Anna Canino*  
CRISTAL ANN B. CARIPOA  
19 January 2025 10:11 AM

## Section 1. Purpose

The purpose of this Agreement is to enjoin all DepEd offices, schools, and learning centers to support the conduct of PhilSys institutional operations as a strategy to cover the remaining unregistered population and facilitate the issuance of the electronic Philippine Identification (ePhilID) to registered persons.

## Section 2. Term and Termination

This Agreement shall be valid immediately upon the signing of the Parties and the notarization thereof and shall have a duration of one (1) year, subject to extension upon mutual written agreement of the Parties.

Subject to the provisions set forth in Section 10 (Dispute Resolution), any Party may terminate this Agreement and any related agreement at any time for any reason by giving sixty (60) days prior written notice to the other Party. In the event that a Party fails to perform any of its obligations under this Agreement, the other Party shall have the right to terminate this Agreement and any subsequent related agreement. Prior to termination, however, Parties shall, in good faith, undergo mutual consultation, negotiation, or dispute resolution as provided under Section 10.

The termination of the Agreement shall not affect the validity, duration, and completion of any program, activity, or contract which have been partially executed pursuant to this Agreement or by virtue of separate agreements, unless mutually agreed upon by the Parties in writing.

## Section 3. Duties and Responsibilities

The PSA shall:

1. Conduct PhilSys registration and issuance of printed ePhilID in DepEd schools and learning centers nationwide.
2. Coordinate with **DepEd Regional and Division Offices** for the set-up of PhilSys booths in DepEd schools and learning centers, respectively and shall be at no cost to DepEd.
3. Ensure that the PhilSys operations do not result in disruption of classes. Hence, PhilSys registration and ePhilID issuance shall be conducted during breaks and upon class dismissal.
4. Be responsible for the distribution/issuance of PhilSys Registration Form 1A and consent forms to target registrants/guardians. These forms may be distributed after school hours or during the quarterly Parent-Teacher Conferences. plm
5. Provide learners/stakeholders/administrators of DepEd schools and learning centers with information materials on PhilSys Services, its objectives, and benefits.
6. Conduct information and advocacy activities regarding PSA services, such as PhilSys registration, birth registration assistance, and ePhilID issuance.

7. Facilitate the conduct of PhilSys operations during school activities and other celebrations, such as intramurals, and Parent-Teacher Conferences/Distribution of Report Cards, as mutually agreed upon by the parties. For the calendar of activities for School Year (SY) 2024-2025, see Annex 1;

**Through its PhilSys personnel, perform the following services, to wit:**

- a. Register applicants in accordance with the PhilSys Act and its relevant policies;
  - b. Issue printed ePhilIDs to requesting parties with available PhilSys Numbers (PSNs);
  - c. Receive and screen documentary requirements from PhilSys registration applicants and ePhilID requesting parties;
  - d. Answer public queries concerning services of the PSA, specifically on PhilSys registration and ePhilID issuance;
  - e. Advertise or disseminate advisories issued by the PSA specifically the PhilSys Registry Office (PRO); and
  - f. Provide other services that PSA or the PRO may subsequently provide.
8. PhilSys operations shall be done at the designated site/s in schools and learning centers.
9. Ensure that the PhilSys personnel/s assigned shall wear proper identification cards when conducting mobile Philsys registration and ePhilID issuance.
10. Ensure that PhilSys transactions are accomplished within the maximum time determined and coordinated with **the schools and learning centers** to avoid congestion in compliance with IATF guidelines/protocols, particularly social distancing measures.
11. If the PSA cannot conduct mobile operations on the schedule agreed upon by both the School and the PSA, the **PSA** shall send a formal letter notifying the **School** of the deferment of the activity at least one (1) day ahead. The notice shall also include the rescheduled date of **PSA** mobile operations.
12. Shall ensure measures to adequately safeguard the confidentiality and integrity of the personal data of the learners.
13. Shall craft a control framework outlining the measures to be undertaken for the protection of personal data against unlawful access, processing, misuse, alteration, contamination, destruction, and disclosure, among others.
14. Shall conduct a Privacy Impact Assessment (PIA) pursuant to National Privacy Commission (NPC) Circular No. 2016-01 and NPC Advisory No. 2017-03
15. To indemnify DepEd for any loss or damage arising out of the negligent use by PSA personnel of DepEd school and learning facilities.
16. To maintain the cleanliness and upkeep of DepEd school facilities used by PSA personnel.



2. The **DepEd** shall:

1. Encourage PhilSys registration and claiming of ePhillIDs among learners, stakeholders, administrators, and DepEd partners. **DepEd** shall ensure that the co-location requirements enumerated under *item 4 paragraph 3 hereof* are complied with.
2. Provide pertinent and updated information on partner schools and learning centers, if available, to facilitate the planning and conduct of PhilSys mobile operations:
  - a. Number of schools by province, city/municipality;
  - b. Number of students by province, city/municipality;
  - c. List of schools and learning centers with address; and
  - d. Number and list of students who are beneficiaries of the Government Assistance and Subsidies Program.
3. Allow the use of schools and learning center facilities for the conduct of the following:
  - a. PhilSys registration; and
  - b. Issuance of printed ePhillIDs
4. Issue a directive encouraging the support of schools/learning centers to PhilSys mobile operations involving the following:
  - a. Permit PSA to conduct PhilSys mobile operations within the premises of the school/learning center for a maximum of 2 days;
  - b. Provide logistical support during the conduct of PhilSys operations, such as:
    - i. Identification of Philsys booth/space inside the school/learning center that can accommodate at least one registration kit (to be deployed by **PSA**) and two PhilSys personnel; and
    - ii. Provision of at least two (2) sets of tables and chairs (two (2) chairs per table)
  - c. Allow the PSA personnel to enter the schools/learning center at least one hour before the start of classes and stay at least 30 minutes after the regular closing time subject to the School's rules and regulations;
5. Ensure that no other property owned by DepEd shall be used by PSA personnel pursuant to this Agreement.
6. Ensure compliance with the 2010 Educational Facilities Manual (Revised Edition of the 2007 Handbook on Educational Facilities - Integrating Disaster Risk Reduction in School Construction).

**Section 4. Data Privacy and Confidentiality**

Each Party in the performance of their respective duties and responsibilities under this Agreement and in the implementation thereof shall ensure the privacy and security of any and all confidential, privileged, personal, and/or sensitive personal information that the Parties, their officers, employees, and/or agents may have access to and shall store, use, process, and dispose the said information in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012" and its Implementing Rules and Regulations and applicable National Privacy Commission (NPC) issuances.

This clause shall survive even after the termination or expiration of this Agreement. Any violation of this clause and any of the provisions of said law and issuances shall be subject to the corresponding sanctions, penalties, and/or fine under the said law without prejudice to any other applicable civil and/or criminal liability.

#### **Section 5. Non-Disclosure Clause**

Any gathered data and information should be protected and respected during the term and even after the termination or expiration of this Agreement. The processing of any gathered data and information should be in compliance with the confidentiality and privacy requirements under the Data Privacy Act of 2012 and applicable regulations.

Both Parties cannot reproduce, share, or distribute data and information derived by reason of this Agreement to any third party, both local and international, without the express approval of both Parties.

The foregoing obligation on non-disclosure shall survive and subsist even after the expiration or termination of this Agreement.

#### **Section 6. Miscellaneous Provisions**

1. The Parties shall exert due diligence and good faith with respect to the commitment of each other under this MOA and to adopt all reasonable measures to achieve the objectives of this MOA.
2. No failure, omission, or delay in any of the Parties in exercising any of its rights, privileges, or remedies hereunder hereunder or under any statute shall operate as a waiver thereof. However, any waiver shall not be valid unless made in writing and signed by the Parties or their authorized representatives, and such waiver shall only be effective in the specific instance and purpose for which it was given.
3. This MOA is a voluntary statement expressing the mutual intention of the Parties to collaborate, cooperate, and provide support to each other. Nothing in this MOA will affect the statutory duties and obligations of the Parties.
4. Each Party hereunto represents and warrants the other party that it has full power and authority to execute, deliver, and perform this MOA.

#### **Section 7. Non-exclusivity**

Parties may freely enter into any similar agreement with other corporations and individuals, as they may deem beneficial to their respective business/interest.

#### **Section 8. Indemnification**

The **PSA** or **DepEd** and any of its officers and employees shall not be responsible for any damage, injury, error, or any complaint by the public, in connection with **PSA's** or **DepEd's** performance of its responsibilities as set out in this agreement, except for willful acts or gross negligence of **PSA's** or **DepEd's** employees.





It is likewise understood that the employees or agency-hired personnel tapped by **PSA** to man its **registration booth** are not in any way connected with **DepEd**. Hence, any issue regarding the salary, compensation, benefits of the said employees or personnel, or their relationship with their employer/s, is strictly between **PSA** and said employees or personnel. Furthermore, **PSA** and its directors, employees, and representatives, shall not be responsible or liable for the death, disability, injury, theft, harassment, sickness, or any accident suffered by the said employee or personnel tapped by **DepEd** while in the performance or exercise of their function/s, unless otherwise caused by the direct act or omission of **PSA's** directors, employees and representatives for which the **PSA** shall be held liable.

Both parties acknowledge that this provision is without prejudice to the liabilities that may arise in case of any breach or violation of the duties and responsibilities of both parties, the non-disclosure clause, and the confidentiality clause, pursuant to RA No. 10173, its Implementing Rules and Regulations, and other pertinent NPC issuances.

#### **Section 9. Amendment**

Both Parties may recommend in writing any revision, amendment, or addition of any terms or conditions in this MOA, subject to prior notification to the other Party, and shall be deemed approved when confirmed in writing.

Such revisions, amendments, or additions shall have the same effect as the original MOA and will form an integral part hereof. Any revision, amendment, or addition shall not prejudice the rights and obligations arising from or based on the MOA before or up to the date of such revision, amendment, or addition.

#### **Section 10. Dispute Resolution**

The Parties shall exert their best efforts to properly resolve any differences or disagreements with respect to any issue that may arise in connection with this Agreement. It shall be settled through amicable means, such as but not limited to, mutual consultation and negotiation.

In case of failure to settle differences, the dispute shall be referred to adjudication and/or arbitration pursuant to Presidential Decree No. 242, otherwise known as "Prescribing the Procedure for Administrative Settlement or Adjudication of Disputes, Claims and Controversies Between or Among Government Offices, Agencies, and Instrumentalities, Including Government-Owned or Controlled Corporations, and for other Purposes."

#### **Section 11. Separability Clause**

If any provision of this MOA or any document executed in connection herewith is declared invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the validity, legality, or enforceability of the remaining provisions of this MOA shall not be declared invalid, illegal, or unenforceable as well as any agreements arising from the same.


IN WITNESS WHEREOF, the Parties have hereunto signed this Agreement on the  
\_\_\_\_ day of \_\_\_\_\_ 2024, ~~JAN 10 2024~~ at \_\_\_\_\_  
Philippines

DEPARTMENT OF EDUCATION


PHILIPPINE STATISTICS AUTHORITY


By:

  
**JUAN EDGARDO M. ANGARA**  
Secretary of Education

  
**CLAIRE DENNIS S. MAPA, PhD**  
Undersecretary  
National Statistician and Civil Registrar  
General

Signed in the presence of:

  
**PETER IRVING C. CORVERA**  
Undersecretary

  
**ATTY. ELIEZER P. AMBATALI**  
Director III, Legal Service

**ACKNOWLEDGEMENT**

Republic of the Philippines )  
\_\_\_\_\_ ) S.S.

QUEZON CITY

**BEFORE ME**, a Notary Public for and in consideration of the foregoing, in \_\_\_\_\_, Philippines, this 1<sup>st</sup> of July 2024 personally appeared:

Name	Identification Card	Date/Place of Issue
JUAN EDGARDO M. ANGARA		

known to me and to me known to be the same person who executed the foregoing Memorandum of Agreement, consisting of **nine (9)** pages, **two (2)** of which are the respective Acknowledgement pages of the parties, and which person acknowledged to me that the same is his free and voluntary act and deed, as well as of the entity the said person represents.

**WITNESS MY HAND AND NOTARIAL SEAL**, on the date and place first above written.

**NOTARY PUBLIC**

Doc. No. : 77  
Page No. : 11  
Book No. : II  
Series of 2024

  
ATTEST: \_\_\_\_\_  
Notary Public for Quezon City, Philippines  
Roll No. \_\_\_\_\_  
\_\_\_\_\_ (Notary Seal)  
\_\_\_\_\_ (Notary Seal)  
\_\_\_\_\_ (Notary Seal)  
\_\_\_\_\_ (Notary Seal)  
\_\_\_\_\_ (Notary Seal)  
\_\_\_\_\_ (Notary Seal)

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**ACKNOWLEDGEMENT**

Republic of the Philippines )  
CNEZON CITY ) S.S.

**BEFORE ME**, a Notary Public for and in consideration of the foregoing, in \_\_\_\_\_, Philippines, this \_\_\_\_\_ day of \_\_\_\_\_ 2024 personally appeared:  
**JAN 10 2025**

Name	Identification Card	Date/Place of Issue
CLAIRE DENNIS S. MAPA, PhD		

known to me and to me known to be the same person who executed the foregoing Memorandum of Agreement, consisting of **nine (9)** pages, **two (2)** of which are the respective Acknowledgement pages of the parties, and which person acknowledged to me that the same is her free and voluntary act and deed, as well as of the entity the said person represents.

**WITNESS MY HAND AND NOTARIAL SEAL**, on the date and place first above written.

**NOTARY PUBLIC**

Doc. No. : MK  
 Page No. : 111  
 Book No. : II  
 Series of 2024

*(Signature)*  
 JOSEY VIMELAR DELA CRUZ  
 Notary Public for and in the Philippines  
 Commission Expires: \_\_\_\_\_  
 Commission No. \_\_\_\_\_ (2025)  
 Office: \_\_\_\_\_  
 Quezon City, Luzon, Philippines

*(Signature)*

*(Signature)*

*(Signature)*



REPUBLIC OF THE PHILIPPINES  
**PHILIPPINE STATISTICS AUTHORITY**  
**PhilSys Registration Form 1A**  
**FOR 5 YEARS OLD AND ABOVE**



Please read the instructions at the back before filling out this form. Print all information in **CAPITAL** letters and use **BLACK** ink only. Place an "X" mark on the applicable items.

THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD

FOR PROCESSING PURPOSES ONLY

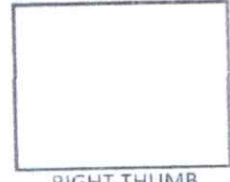
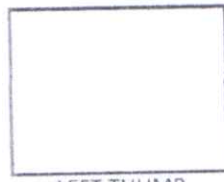
1	NAME <span style="float: right;">D V</span>										
	(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)										
2	SEX <span style="float: right;">D V</span>	3	DATE OF BIRTH <span style="float: right;">D V</span>								
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D				
4	PLACE OF BIRTH <span style="float: right;">D V</span>										
	(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)										
5	BLOOD TYPE <span style="float: right;">D V</span>	6	FILIPINO OR RESIDENT ALIEN <span style="float: right;">D V</span>								
	TYPE: _____ <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN								
7	MARITAL STATUS (OPTIONAL) <span style="float: right;">D V</span>										
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED <input type="checkbox"/> NULLIFIED										
8	A. PERMANENT ADDRESS <span style="float: right;">D V</span>										
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)										
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)										
	B. PRESENT ADDRESS (OPTIONAL) <input type="checkbox"/> SAME AS PERMANENT ADDRESS <span style="float: right;">D V</span>										
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)										
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)										
9	MOBILE NUMBER (OPTIONAL)	10	EMAIL ADDRESS (OPTIONAL)								
	<small>PhilSys notification will be sent through the provided mobile number.</small>		<small>PhilSys notification will be sent through the provided email address.</small>								
11	SUPPORTING DOCUMENT/S PRESENTED (indicate the document/s presented as listed at the back of the Form)										
	BReN/ID Number/ACR I-Card Number										
	1 _____										
	2 _____										
12	MODE OF CLAIMING THE PHILID CARD										
	<input type="checkbox"/> PICK-UP <input type="checkbox"/> PAID DELIVERY REGISTRATION CENTER: _____ ADDRESS: _____										

**DISCLOSURE UNDER SECTION 12 OF DATA PRIVACY ACT OF 2012 (RA No. 10173):**  
 I hereby declare that I am fully aware that the above data shall be used for securing a PhilSys Number (PSN) under the Philippine Identification System, issuance of PhilID, authentication and/or updating my demographic and biometric information in the PhilSys Registry. I trust that the above information shall remain confidential, hence, I give my consent that the same data be accessed for subsequent validation, verification, and other purposes consistent with the objectives of the PSA under RA No. 11055. I further affirm that all statements/information appearing in this registration form are made by me, true, correct, and complete to the best of my knowledge and belief.

(If the Applicant CANNOT SIGN, AFFIX fingerprints in the presence of the Screener/Encoder.)

\_\_\_\_\_  
 APPLICANT'S SIGNATURE OVER PRINTED NAME  
 (Must be signed in the presence of the screener)

\_\_\_\_\_  
 DATE



LEFT THUMB

RIGHT THUMB

**FOR THE USE OF THE PHILIPPINE STATISTICS AUTHORITY ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.**

SCREENER	ENCODER	BIOMETRIC EXCEPTIONS (To be filled out by the Supervisor)	
		<input type="checkbox"/> FRONT FACING PHOTOGRAPH	<input type="checkbox"/> IRIS SCAN
		<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> Left Iris
		Specify: _____	<input type="checkbox"/> Right Iris
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	DATE

## INSTRUCTIONS

- A. THIS FORM IS TO BE FILLED OUT BY NEW APPLICANTS AGES FIVE (5) YEARS OLD AND ABOVE.  
 B. FILL-OUT THIS FORM IN ONE (1) COPY, AVOID ERASURES AND ALTERATIONS, LINE OUT OR STRIKE THROUGH ANY CORRECTIONS ONCE AND PUT YOUR INITIALS ABOVE THE ERASURE.  
 C. PLACE AN "X" MARK ON THE APPLICABLE ITEMS.  
 D. FILL-OUT THE APPROPRIATE ITEMS IN THE SPECIFIED FORMAT.  
 E. IF A REQUIRED FIELD IS NOT APPLICABLE, INDICATE "N/A" OR "NOT APPLICABLE".

- 1. NAME** Indicate your Full Name starting from your First Name, Middle Name, Last Name, and Suffix.  
**Example:** JUAN SANTOS DELA CRUZ JR  
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
- 2. SEX** Place an "X" mark on the selected box  
**Example:**  MALE  FEMALE
- 3. DATE OF BIRTH** Fill in Date of Birth in YYYY-MM-DD  
**Example:** 1983-09-10  
 (YYYY-MM-DD)
- 4. PLACE OF BIRTH** For Filipino citizen, indicate the name of the City/Municipality and Province of your Place of Birth.  
**Example:** SAN JUAN METRO MANILA PHILIPPINES  
 (City/Municipality) (Province) (Country)  
 For Resident Alien, indicate the Country of your Place of Birth. Leave the City/Municipality blank  
**Example:** N/A N/A USA  
 (City/Municipality) (Province) (Country)
- 5. BLOOD TYPE** Indicate your Blood Type. If unknown, put an "X" mark on the box provided.  
**Example:** Type: AB+  
 UNKNOWN
- 6. FILIPINO OR RESIDENT ALIEN** Place an "X" mark on the selected box if Filipino or Resident Alien.  
**Example:**  FILIPINO  RESIDENT ALIEN
- 7. MARITAL STATUS (OPTIONAL)** Place an "X" mark on the selected box.  
**Example:**  SINGLE  MARRIED  WIDOWED  DIVORCED  LEGALLY SEPARATED  
 ANNULLED  NULLIFIED

**Note: If a married woman presenting a supporting document reflecting her maiden name but chooses to use her married name, she must present a PSA - issued Certificate of Marriage.**

**8. A. PERMANENT ADDRESS** Indicate your complete address.

**B. PRESENT ADDRESS (OPTIONAL)**

**Example:**

**A. PERMANENT ADDRESS**

Rm 143 Block 143 ATIS MASAYA MALIGAYA QUEZON CITY METRO MANILA PHILIPPINES  
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

**B. PRESENT ADDRESS (OPTIONAL)**

3rd Flr Lot 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES  
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

**For Resident Alien, indicate the Permanent Address that you are using in your country and the Present Address here in the Philippines.**

**Example:**

**A. PERMANENT ADDRESS**

Unit 143 Lot 5 APPLE CALIFORNIA USA  
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country)

**B. PRESENT ADDRESS (OPTIONAL)**

3rd Flr Block 5 IRIS PSA MAAYOS ANTIPOLLO RIZAL PHILIPPINES  
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

**9. MOBILE NUMBER (OPTIONAL)**

Indicate your primary Mobile Number. In case the applicant is a minor, the Mobile Number of the parent or guardian may be indicated.

**Example:** MOBILE NUMBER (Optional) 0918XXXX991

PhilSys notification will be sent through the provided mobile number only

**10. EMAIL ADDRESS (OPTIONAL)**

Indicate your active Email Address. Email address is not case sensitive and small letters will be accepted by the screener.

**Example:** EMAIL ADDRESS (Optional) philsys@psa.gov.ph

PhilSys notification will be sent through the provided email address only

**11. SUPPORTING DOCUMENT/S PRESENTED**

Write the name of the supporting documents presented. Refer to the list of supporting documents below.

BRen/ID Number/ACR I-Card Number

Write the BRen, ID Number and ACR I-Card Number

**Example:**

<b>SUPPORTING DOCUMENT/S PRESENTED</b>	<b>BRen/ID Number/ACR I-Card Number</b>
1. PSA-issued Certificate of Live Birth	BRen 123XXXXXXXXXX
2. Postal ID	ID No. 123XXXXXXXXXX

**12. MODE OF CLAIMING THE PHILID CARD**

- PICK UP  
 PAID DELIVERY

Put an "X" mark on the PICK UP box if you want to claim your PhilID card at the Registration Center.  
 Put an "X" mark on the PAID DELIVERY and indicate your complete delivery address.

### SUPPORTING DOCUMENTS

The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY supporting documents:

1. PSA-issued Certificate of Live Birth AND one (1) government-issued identification document with full name, photo and signature or thumbmark
2. DFA-issued Philippine Passport
3. GSIS or SSS-issued Unified Multi-Purpose Identification (UMID) Card
4. LTO-issued Student's License Permit or Non-Professional/Professional Driver's License

If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. PSA-issued Certificate of Live Birth / NSO-issued Certificate of Live Birth (with BRen number)</li> <li>2. PSA-issued Certificate of Founding</li> <li>3. Integrated Bar of the Philippines (IBP) ID</li> <li>4. Professional Regulation Commission (PRC) ID</li> <li>5. Seaman's Book</li> <li>6. Overseas Workers Welfare Administration (OWWA) OFW e-card/DOLE OFW ID</li> <li>7. Senior Citizen Identification Card</li> <li>8. Old Social Security System (SSS) ID</li> <li>9. Pantawid Pamilyang Pilipino Program (4Ps) ID</li> <li>10. License to Own or Possess Firearms (LTOFP)</li> </ol> | <ol style="list-style-type: none"> <li>11. National Bureau of Investigation (NBI) Clearance</li> <li>12. Police Clearance</li> <li>13. Solo Parent ID</li> <li>14. Person With Disability (PWD) ID</li> <li>15. Voter's ID</li> <li>16. Postal ID</li> <li>17. Taxpayer Identification Number (TIN) ID</li> <li>18. PhilHealth ID</li> <li>19. National ID from other countries</li> <li>20. Residence ID from other countries</li> <li>21. Philippine Retirement Authority (PRA)- issued Special Resident Retiree's Visa (SRRV)</li> </ol> |
|---|---|

The following secondary supporting documents **MUST** have a front-facing photograph, signature/thumbmark, full name, permanent address, and date of birth to be accepted:

- |   |                          |
|---|--------------------------|
| 22. Employee ID                             | 25. Barangay ID          |
| 23. School ID                               | 26. City/Municipality ID |
| 24. Barangay Clearance/Barangay Certificate |                          |

**For Resident Aliens:**

1. Valid Foreign Passport AND Alien Certificate of Registration (ACR) or Alien Certificate of Registration Identification Card (ACR I-Card)

**For Stateless Persons and Refugees:**

1. Certificate of Recognition issued by Refugees and Stateless Persons Protection Unit (RSPPU) of the Department of Justice

**THIS FORM IS NOT FOR SALE**



REPUBLIC OF THE PHILIPPINES  
**PHILIPPINE STATISTICS AUTHORITY**  
**PhilSys Registration Form 1B**  
**FOR BELOW 5 YEARS OLD**



Please read the instructions at the back before filling out this form. Print all information in **CAPITAL** letters and use **BLACK** ink only. Place an "X" mark on the applicable items.

THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD

FOR PROCESSING PURPOSES ONLY

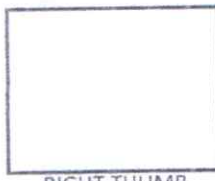
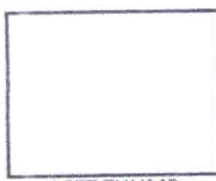
<b>1</b>	NAME	D		V
	(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)			
<b>2</b>	SEX	D	V	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
<b>3</b>	DATE OF BIRTH	D	V	
	Y Y Y Y - M M - D D			
<b>4</b>	PLACE OF BIRTH	D	V	
	(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)			
<b>5</b>	BLOOD TYPE	D	V	
	TYPE: <input type="checkbox"/> UNKNOWN			
<b>6</b>	FILIPINO OR RESIDENT ALIEN	D	V	
	<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN			
<b>7</b>	A. PERMANENT ADDRESS	D	V	
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)			
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)			
	B. PRESENT ADDRESS (OPTIONAL) <input type="checkbox"/> SAME AS PERMANENT ADDRESS	D	V	
	(RM/FLR/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)			
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)			
<b>8</b>	DETAILS OF MOTHER/ FATHER OR GUARDIAN			
	MOTHER:	PHILSYS CARD NUMBER (16-digit PCN)		
	(FIRST NAME) (MIDDLE NAME) (LAST NAME)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
	FATHER OR GUARDIAN:	PHILSYS CARD NUMBER (16-digit PCN)		
	(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>9</b>	MOBILE NUMBER (OPTIONAL)	10 EMAIL ADDRESS (OPTIONAL)		
	Notification will be sent through the provided mobile number.			
<b>11</b>	SUPPORTING DOCUMENT/S PRESENTED (Indicate the document/s presented as listed at the back of the Form.)			
	BReN/ID Number/ACR I-Card Number			
	1			
	2			
<b>12</b>	MODE OF CLAIMING THE PHILID CARD			
	<input type="checkbox"/> PICK-UP REGISTRATION CENTER:	<input type="checkbox"/> PAID DELIVERY ADDRESS:		

**DISCLOSURE UNDER SECTION 12 OF DATA PRIVACY ACT OF 2012 (RA No. 10173):**  
 I hereby declare that I am fully aware that the above data shall be used for securing a PhilSys Number (PSN) under the Philippine Identification System, issuance of PhilID, authentication and/or updating my demographic and biometric information in the PhilSys Registry. I trust that the above information shall remain confidential, hence, I give my consent that the same data be accessed for subsequent validation, verification, and other purposes consistent with the objectives of the PSA under RA No. 11055. I further affirm that all statements/information appearing in this registration form are made by me, true, correct, and complete to the best of my knowledge and belief.

(If the Applicant CANNOT SIGN, AFFIX fingerprints in the presence of the Screener/Encoder.)

\_\_\_\_\_  
 APPLICANT'S SIGNATURE OVER PRINTED NAME  
 (Must be signed in the presence of the Screener)

\_\_\_\_\_  
 DATE



LEFT THUMB

RIGHT THUMB

**FOR THE USE OF THE PHILIPPINE STATISTICS AUTHORITY ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.**

SCREENER	ENCODER	BIOMETRIC EXCEPTIONS (To be filled out by the Supervisor)
		<input type="checkbox"/> FRONT FACING PHOTOGRAPH <input type="checkbox"/> IRIS SCAN <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> Left Iris

## INSTRUCTIONS

- A. THIS FORM IS TO BE FILLED OUT BY THE ACCOMPANYING PARENTS OR GUARDIAN OF THE APPLICANT.  
 B. FILL-OUT THIS FORM IN ONE (1) COPY. AVOID ERASURES AND ALTERATIONS. LINE OUT OR STRIKE THROUGH ANY CORRECTIONS ONCE AND PUT YOUR INITIALS ABOVE THE ERASURE.  
 C. PLACE AN "X" MARK ON THE APPLICABLE ITEMS.  
 D. FILL-OUT THE APPROPRIATE ITEMS IN THE SPECIFIED FORMAT.  
 E. IF A REQUIRED FIELD IS NOT APPLICABLE, INDICATE "N/A" OR "NOT APPLICABLE".

- 1. NAME** Indicate the applicant's Full Name starting from the First Name, Middle Name, Last Name, and Suffix.  
**Example:** **JUAN SANTOS DELA CRUZ JR.**  
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)
- 2. SEX** Place an "X" mark on the selected box.  
**Example:**  MALE  FEMALE
- 3. DATE OF BIRTH** Fill in Date of Birth in YYYY-MM-DD format.  
**Example:** **2015-09-10**  
 (YYYY-MM-DD)
- 4. PLACE OF BIRTH** For Filipino citizen, indicate the name of the City/Municipality and Province of applicant's Place of Birth.  
**Example:** **SAN JUAN METRO MANILA PHILIPPINES**  
 (City/Municipality) (Province) (Country)  
 For Resident Alien, indicate the Country of the applicant's Place of Birth. Leave the City/Municipality blank.  
**Example:** **N/A N/A USA**  
 (City/Municipality) (Province) (Country)
- 5. BLOOD TYPE** Indicate the applicant's Blood Type. If unknown, put an "X" mark on the box provided.  
**Example:** Type: **AB+**  UNKNOWN
- 6. FILIPINO OR RESIDENT ALIEN** Place an "X" mark on the selected box if Filipino or Resident Alien.  
**Example:**  FILIPINO  RESIDENT ALIEN
- 7. A. PERMANENT ADDRESS**  
**B. PRESENT ADDRESS (OPTIONAL)**  
 Indicate the applicant's complete address.

**Example:**

**A. PERMANENT ADDRESS**

**RM 143 BLOCK 143 ATIS MASAYA MALIGAYA QUEZON CITY METRO MANILA PHILIPPINES**  
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

**B. PRESENT ADDRESS (OPTIONAL)**

**3RD Fir LOT 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES**  
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

*For Resident Alien, indicate the Permanent Address that the applicant is using in his/her country and the Present Address here in the Philippines.*

**Example:**

**PERMANENT ADDRESS**

**UNIT 143 LOT 5 APPLE CALIFORNIA USA**  
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country)

**PRESENT ADDRESS (OPTIONAL)**

**3RD Fir BLOCK 5 IRIS PSA MAAYOS ANTIPOLLO RIZAL PHILIPPINES**  
 (Rm/Fir/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

**8. DETAILS OF MOTHER/ FATHER OR GUARDIAN**

Write the complete Name and PCN of the Parent or Guardian.  
 PHILSYS CARD NUMBER (16-digit PCN) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |  
**Example:** **MOTHER JOSEFINA GABRIELA SILANGAN**  
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)  
**FATHER OR GUARDIAN JUAN IGNACIO MASIPAG JR**  
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)

- 9. MOBILE NUMBER (OPTIONAL)** Indicate your primary Mobile Number. In case the applicant is a minor, the Mobile Number of the parent or guardian may be indicated.  
**Example:** **MOBILE NUMBER (Optional) 0918XXXX991**  
 PhilSys notification will be sent through the provided mobile number only
- 10. EMAIL ADDRESS (OPTIONAL)** Indicate your active Email Address. Email address is not case sensitive and small letters shall be accepted by the screener.  
**Example:** **EMAIL ADDRESS (Optional) philsys@psa.gov.ph**  
 PhilSys notification will be sent through the provided email address only

- 11. SUPPORTING DOCUMENT/S PRESENTED** Write the name of the supporting documents presented. Refer to the list of supporting documents below.  
 Write the BReN, ID Number and ACR I-Card Number
- |   |   |
|---|---|
| <b>SUPPORTING DOCUMENT/S PRESENTED</b>  | <b>BReN/ID Number/ACR I-Card Number</b> |
| 1. PSA-issued Certificate of Live Birth | BReN 123XXXXXXXXXX                      |
| 2. Postal ID                            | ID No. 123XXXXXXXXXX                    |

- 12. MODE OF CLAIMING THE PHILID CARD**  
 PICK UP Put an "X" mark on the PICK UP box if you want to claim the applicant's PhilID card at the Registration Center  
 PAID DELIVERY Put an "X" mark on the PAID DELIVERY and indicate the applicant's complete delivery address

### SUPPORTING DOCUMENTS

The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY documents:

1. PSA-issued Certificate of Live Birth/Report of Birth
2. PSA-issued Certificate of Founding
3. DFA-issued Philippine Passport

If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents:

1. Person with Disability (PWD) ID
2. School ID
3. Barangay Certificate / ID
4. City / Municipal ID
5. National ID from other countries
6. Residence ID from other countries

**For Resident Aliens:**

1. Valid Foreign Passport AND Alien Certificate of Registration (ACR) or Alien Certificate of Registration Identification Card (ACR I-Card)

**THIS FORM IS NOT FOR SALE**





REPUBLIC OF THE PHILIPPINES  
PHILIPPINE STATISTICS AUTHORITY



PHILIPPINE IDENTIFICATION SYSTEM  
CONSENT FORM

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_, a Filipino citizen, of legal age,  
and a resident of \_\_\_\_\_ hereby,  
declare that I understand that the Philippine Statistics  
Authority (PSA) is conducting the National ID Registration  
at \_\_\_\_\_  
and hereby allow my son/daughter to register with the  
following details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed full name of parent/guardian



REPUBLIC OF THE PHILIPPINES  
PHILIPPINE STATISTICS AUTHORITY



PHILIPPINE IDENTIFICATION SYSTEM  
CONSENT FORM

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_, a Filipino citizen, of legal age,  
and a resident of \_\_\_\_\_ hereby,  
declare that I understand that the Philippine Statistics  
Authority (PSA) is conducting the National ID Registration  
at \_\_\_\_\_  
and hereby allow my son/daughter to register with the  
following details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed full name of parent/guardian



REPUBLIC OF THE PHILIPPINES  
PHILIPPINE STATISTICS AUTHORITY



PHILIPPINE IDENTIFICATION SYSTEM  
CONSENT FORM

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_, a Filipino citizen, of legal age,  
and a resident of \_\_\_\_\_ hereby,  
declare that I understand that the Philippine Statistics  
Authority (PSA) is conducting the National ID Registration  
at \_\_\_\_\_  
and hereby allow my son/daughter to register with the  
following details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed full name of parent/guardian



REPUBLIC OF THE PHILIPPINES  
PHILIPPINE STATISTICS AUTHORITY



PHILIPPINE IDENTIFICATION SYSTEM  
CONSENT FORM

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_, a Filipino citizen, of legal age,  
and a resident of \_\_\_\_\_ hereby,  
declare that I understand that the Philippine Statistics  
Authority (PSA) is conducting the National ID Registration  
at \_\_\_\_\_  
and hereby allow my son/daughter to register with the  
following details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed full name of parent/guardian