		CEF-1D
NON ET COURS	Republic of the Philippines COMMISSION ON ELECTIONS	APPLICATION FOR CHANGE / CORRECTION OF ENTRIES INCLUSION OF RECORD IN THE BOOK OF VOTERS AND REINSTATEMENT OF NAME IN THE LIST OF VOTERS.
F THE PHILIP	APPLICATION F	OR CHANGE / CORRECTION OF ENTRIES
	Change of name by reason of marri or by virtue of a court order	Correction of wrong or misspelled Correction of any name in the list of voters other entry
THE ELEC	TION REGISTRATION BOARD	
City/Municip	ality of	
		-
	ough: The Election Officer	
Dear Sir/Mac		
I, _		First name/Middle name/Last name
Filipino, bo	rn on	, a duly registered voter, do hereby request that r
	month/day/yea	r
	(informatio	as recorded in theas recorded in
for Precinct	No, with address at	- ,
he changed	fuero	(Sitio, Barangay, Municipality)
be changed	from	(Present data)
to		
That	said change/correction is necessary	(New data) and valid as evidenced by the attached certification/order of
the court.	salu change/correction is necessary	
		(Signature above Printed Name)
SUL	BSCRIBED AND SWORN to before m	ne on the above date.
SUI	BSCRIBED AND SWORN to before m	
SUI	3SCRIBED AND SWORN to before m	EO/Chairman of the Election Registration Board
		EO/Chairman of the Election Registration Board (Signature above Printed Name)
	LICATION FOR INCLUSION OF	EO/Chairman of the Election Registration Board
	LICATION FOR INCLUSION OF OF NAM Inclusion of VRR in the precinct	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS book Reinstatement if registered voter whose
	LICATION FOR INCLUSION OF OF NAM	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS
APP THE ELEC	LICATION FOR INCLUSION OF OF NAM Inclusion of VRR in the precinct of voters IION REGISTRATION BOARD	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS book Reinstatement if registered voter whose name has been omitted in the list of voters
APP THE ELEC City/Municip	LICATION FOR INCLUSION OF OF NAM Inclusion of VRR in the precinct of voters CION REGISTRATION BOARD	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS book Reinstatement if registered voter whose name has been omitted in the list of voters
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APP THE ELEC City/Municip Province of _ Thr Dear Sir/Mad	LICATION FOR INCLUSION OF IOF NAM	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS book Reinstatement if registered voter whose name has been omitted in the list of voters
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APP THE ELEC City/Municip Province of _ Thr Dear Sir/Mac I, _ with address a duly regiss registration be reinstate	LICATION FOR INCLUSION OF IOF NAM	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT ME IN THE LIST OF VOTERS book Reinstatement if registered voter whose name has been omitted in the list of voters
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APP THE ELEC ² City/Municip Province of _ Thr Dear Sir/Mac I, _ with address a duly regis registration be reinstate The sa	LICATION FOR INCLUSION OF IOF NAM	EO/Chairman of the Election Registration Board (Signature above Printed Name) RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT book Reinstatement if registered voter whose name has been omitted in the list of voters
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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.

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CEF-1D: COPY FOR THE ELECTION OFFICER (BACK)

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	
······································	Illiterate Person with Disability
	Assisted by:
First	(Please fill-up Assistor's Oath)
Middle	Gender
······································	Male Female
RESIDENCE/ADDRESS Province	Height Weight
City/Municipality Barangay	DATE OF BIRTH
House No. / Street	Month Day Year
	PLACE OF BIRTH
CITIZENSHIP By Birth Naturalized Reacquired	City/Mun Province
(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	
Date of Naturalization/ Month Day Year Certificate No./Order of Approval	CIVIL STATUS
Reacquisition	Single Widow/er
PERIOD OF RESIDENCE	Married Legally
No. of Years No. of Months No. of Years	Separated
In the City / Mun in the Philippines	Name of Spouse, if married
PROFESSION / OCCUPATION TIN I <thi< th=""> <thi< th=""> I I</thi<></thi<>	
NAME OF FATHER NAME OF MOTHER	
First	┝╍┝╍╞╍╞╍╞╍╞╍╞╍╞╍╡╍╡ ╵╵╵╽╷╽╷╽╷╽╷╽╷╽╷╽╷╽
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Middle Middle 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 disqualification of a voter;	
that I have no pending application for registration in any city/municipality.	
,, ,, ,,	
DATE	
Month Day Year Signature of Applicant Left Thumb	Right Thumb
EO / Administering Officer 1. 2. (Signature above Printed Name) 1.	3
Part 3 ACTION BY THE ELECTION REGISTRATION BOARD	
Month Day Year Approved U - U - U - With precipic assignment No.	
Approved - - With precinct assignment No.	└─┴─┴─┴ ┘ └─┘
Disapproved Date Reason for disapproval	
Member Chairman of the Board	Member
	Member Signature above Printed Name)
Part 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election	Officer)
	
Prov Code PRECINCT NO. Month Day	Year
	Year E OF BIRTH
ACKNOWLEDGEMENT RECEIPT	Application No.
Application for Pagistration	This is to acknowledge receipt of your Application for on. You are not yet registered unless approved by the
	Registration Board (ERB). You need not appear in the ring unless required through a written notice.
┝╾┥╾┪╴╅╴┿╶┝╌┝╌┝╶┥╴┥╴┿╌┝╶┝╶┝╶┝╶┥╴┿╶╴┝╶┝╴┥╴┥╴┿╶┾╶┝╶┝╶┝╶┝╶┥╴┥╴┥╴┥╴┝╴┝╶┝╶┝╶┝╶┝	
First	District Name
Middle	nterviewer Signature above Printed Name

Application of the Philippines COMMISSION ON ELECTIONS APPLICATION FOR CHAIN Change of name by reason of marriage or by virtue of a court order THE ELECTION REGISTRATION BOARD City/Municipality of	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the lis anged or corrected) (Sitio, Barangay, Municipality)
Change of name by reason of marriage or by virtue of a court order THE ELECTION REGISTRATION BOARD City/Municipality of	Correction of wrong or misspelled name in the list of voters Correction of any other entry me/Middle name/Last name ,
Change of name by reason of marriage or by virtue of a court order THE ELECTION REGISTRATION BOARD City/Municipality of	Correction of wrong or misspelled name in the list of voters Correction of any other entry me/Middle name/Last name ,
City/Municipality of	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the li anged or corrected) (Sitio, Barangay, Municipality) Sent data)
City/Municipality of	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the li anged or corrected) (Sitio, Barangay, Municipality) Sent data)
Province of Through: The Election Officer Dear Sir/Madam: I, First no Filipino, born on (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No, with address at (information to be ch for Precinct No (information to be change/correction is necessary and value for Precinct No (information to VRR in the precinct book for NAME IN TH for Precinct Precinc	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the li anged or corrected) (Sitio, Barangay, Municipality) Sent data)
Dear Sir/Madam: I,	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the lis anged or corrected) (Sitio, Barangay, Municipality) Sent data)
I,	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the li anged or corrected) (Sitio, Barangay, Municipality) Sent data)
Filipino, born on	me/Middle name/Last name , a duly registered voter, do hereby request that m as recorded in the li anged or corrected) (Sitio, Barangay, Municipality) Sent data)
Filipino, born on	, a duly registered voter, do hereby request that mas recorded in the lise anged or corrected) (Sitio, Barangay, Municipality) Seent data)
import (information to be changed from, with address at be changed from	as recorded in the lianged or corrected) (Sitio, Barangay, Municipality) Sent data)
for Precinct No, with address at	(Sitio, Barangay, Municipality)
be changed from	(Sitio, Barangay, Municipality) Sent data)
to	sent data) ew data)
to	ew data)
That said change/correction is necessary and value the court. SUBSCRIBED AND SWORN to before me on the SUBSCRIBED AND SWORN to before me on the APPLICATION FOR INCLUSION OF RECORD OF NAME IN TH Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of Province of Through: The Election Officer Dear Sir/Madam: I, with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	-
the court. SUBSCRIBED AND SWORN to before me on the APPLICATION FOR INCLUSION OF RECORD OF NAME IN TH Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of	l as evidenced by the attached certification/order of
SUBSCRIBED AND SWORN to before me on the APPLICATION FOR INCLUSION OF RECORD OF NAME IN TH Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of	
APPLICATION FOR INCLUSION OF RECORD OF NAME IN TH Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of Province of Province of Through: The Election Officer Dear Sir/Madam: I, First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	
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APPLICATION FOR INCLUSION OF RECORD OF NAME IN TH Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of Province of Province of Through: The Election Officer Dear Sir/Madam: I, First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	(-8
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OF NAME IN THE Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of Province of Through: The Election Officer Dear Sir/Madam: I, First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	EO/Chairman of the Election Registration Board (Signature above Printed Name)
OF NAME IN THE Inclusion of VRR in the precinct book of voters THE ELECTION REGISTRATION BOARD City/Municipality of Province of Through: The Election Officer Dear Sir/Madam: I, First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	
of voters	S IN THE BOOK OF VOTERS / REINSTATEMENT IE LIST OF VOTERS
City/Municipality of Province of Through: The Election Officer Dear Sir/Madam: I, with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	Reinstatement if registered voter whose name has been omitted in the list of voters
City/Municipality of Province of Through: The Election Officer Dear Sir/Madam: I, with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	_
Province of Through: The Election Officer Dear Sir/Madam: I, First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	
Dear Sir/Madam: I,	
I,	
First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	
First name/Middle name with address at a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	Filipino, born on
a duly registered voter, do hereby request that my name registration record which has not been included in the p be reinstated/included therein.	
registration record which has not been included in the p be reinstated/included therein.	
be reinstated/included therein.	/
-	e which has been omitted in the list of voters/my
	e which has been omitted in the list of voters/my
	e which has been omitted in the list of voters/my recinct book of voters of Precinct no,
	e which has been omitted in the list of voters/my recinct book of voters of Precinct no,
	e which has been omitted in the list of voters/my recinct book of voters of Precinct no,
CURCOTED AND CHOON to before the	e which has been omitted in the list of voters/my recinct book of voters of Precinct no,
SUBSCRIBED AND SWORN to before me on the	, e which has been omitted in the list of voters/my recinct book of voters of Precinct no, ration record is necessary and valid.
	e which has been omitted in the list of voters/my recinct book of voters of Precinct no, ration record is necessary and valid. (Signature above Printed Name)
	e which has been omitted in the list of voters/my recinct book of voters of Precinct no, ration record is necessary and valid. (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.

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CEF-1D: COPY FOR THE PROVINCIAL FILE (BACK)

	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	Illiterate Person with Disability
	Assisted by:
	(Please fill-up Assistor's Oath)
	Gender
Middle	Male Female
RESIDENCE/ADDRESS Province	Height Weight
City/Municipality Barangay	DATE OF BIRTH
╽╎╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┽╶╎╶╶┧╌┼╌┼╌┽╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╴╢	
House No. / Street	Month Day Year
	PLACE OF BIRTH
CITIZENSHIP By Birth Naturalized Reacquired	City/Mun
(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	Province
Date of Naturalization/ Month Day Year Certificate No./Order of Approval	CIVIL STATUS
Reacquisition	Single Widow/er
PERIOD OF RESIDENCE	Married Legally
No. of Years No. of Months No. of Years	Separated
In the City / Mun in the Philippines	Name of Spouse, if married
PROFESSION / OCCUPATION TIN [] - [] - []	
NAME OF FATHER NAME OF MOTHER	
Last Last Last Last	
	<u>╶╴╞╌┊╴┊╴╡╴</u> ╪╌┾╌╞╌╞╴┥╌╡
First	
First First First Middle Middle Middle	
Middle	/ SPECIMEN SIGNATURES
Middle Middle Part 2 OATH	/ SPECIMEN SIGNATURES
Middle	/ SPECIMEN SIGNATURES
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS I do solemnly swear that the above statements regarding my person are true and Image: Control of the statement of the st	/ SPECIMEN SIGNATURES
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS 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 disqualification of a voter; Image: Contract of the disqualification of a voter;	/ SPECIMEN SIGNATURES
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS 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 disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Content of the disqualification of a voter; that I have no pending application for registration in any city/municipality. DATE Image: Content of the disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Content of the disqualification of a voter; that I have no pending application for registration in any city/municipality.	
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS 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 disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Content of the disqualification of a voter; that I have no pending application for registration in any city/municipality.	/ SPECIMEN SIGNATURES
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS 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 disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Correct of Applicant Above Printed Name DATE Image: Correct of Applicant Above Printed Name Image: Correct Above Printed Name Image: Correct Above Printed Name	Right Thumb
Middle Middle Middle Part 2 OATH ROLLED THUMBPRINTS 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 disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Construct of the disqualification of a voter; that I have no pending application for registration in any city/municipality. DATE Image: Construct of the disqualification of a voter; that I have no pending application for registration in any city/municipality. Image: Construct of the disqualification of a voter; that I have no pending application for registration in any city/municipality. DATE Image: Construct of the disqualification of a voter; that I have no pending application for registration in any city/municipality. DATE Image: Construct of the disqualification of the disqua	
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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.

Downloaded from: http://www.comelec.gov.ph

CEF-1D: COPY FOR THE CENTRAL FILE (BACK)

Application No.	Precinct No.
Instructions : (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.	lesdessered lesd
Part 1 PERSONAL INFORMATION (To be filled out by Applicant)	
Name	Illiterate Person with Disability
Last	Assisted by:
First	(Please fill-up Assistor's Oath)
Middle	Gender
	Male Female Height Weight
City/Municipality Barangay	DATE OF BIRTH
House No. / Street	Month Day Year
	PLACE OF BIRTH
CITIZENSHIP By Birth Naturalized Reacquired	City/Mun
(If naturalized/reacquired, state date of naturalization/reacquisition and Certificate number of naturalization/order of approval of reacquisition)	Province
Date of Naturalization/ Month Day Year Certificate No./Order of Approval	
Reacquisition	Single Widow/er
PERIOD OF RESIDENCE	Married Legally
No. of Years No. of Months No. of Years In the City / Mun in the Philippines	Separated Name of Spouse, if married
landard kandard kandard landard kandard	
PROFESSION / OCCUPATIONTINTINTIN	
NAME OF FATHER NAME OF MOTHER	
Last Last	
First 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 disqualification of a voter; that I have no pending application for registration in any city/municipality.	
Month Day Year Signature of Applicant Above Printed Name Left Thumb	Right Thumb
EO / Administering Officer 12.	3
(Signature above Printed Name) Part 3 ACTION BY THE ELECTION REGISTRATION BOARD	
Month Day Year	
	<u> </u>
Disapproved Date Reason for disapproval	
Member Chairman of the Board	Member
	ignature above Printed Name)
Part 4 VOTER IDENTIFICATION NUMBER (To be filled out by Election	Officer)
Prov Code PRECINCT NO. Month Day	Year OF BIRTH