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Photo should be taken  
within the last six (6)  
months

## APPLICATION FOR CITY FISHERFOLK REGISTRATION

Registration No.:	<input type="checkbox"/> New Registration
Registration Date:	<input type="checkbox"/> Renewal

### 1. PERSONAL INFORMATION

Complete Name				
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs		
Salutation	Last Name	First Name	Middle Name	Appellation (Sr, Jr, III)
Address				
Street/Barangay		City/Municipality		Province
Contact No. (Cell Phone, Telephone)		Resident of the Municipality since <input type="text"/>		
Age		Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/> (MM - DD - YYYY)		Place of Birth (Municipality, Province)
Gender • <input type="checkbox"/> Male <input type="checkbox"/> Female		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed		No. of Children
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others (pls. specify) _____		Educational Background <input type="checkbox"/> Elementary <input type="checkbox"/> Vocational <input type="checkbox"/> Post-Graduate <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Others (pls. specify) _____		
Person to notify in case of emergency: (First Name, Last Name)		Relationship:		Contact No. (Cell Phone, Telephone)
		Address: (Barangay, Municipality, Province)		

### 2. LIVELIHOOD

Main Source of Income:		Other Sources of Income:	
<input type="checkbox"/> Capture Fishing (specify gear used) _____	<input type="checkbox"/> Aquaculture (specify culture method used) _____	<input type="checkbox"/> Capture Fishing (specify gear used) _____	<input type="checkbox"/> Aquaculture (specify culture method used) _____
<input type="checkbox"/> Fish Vending	<input type="checkbox"/> Gleaning	<input type="checkbox"/> Fish Vending	<input type="checkbox"/> Gleaning
<input type="checkbox"/> Fish Processing	<input type="checkbox"/> Others (pls. specify) _____	<input type="checkbox"/> Fish Processing	<input type="checkbox"/> Others (pls. specify) _____

### 3. ORGANIZATION

Name of Organization	Member Since	Position/Official Designation

### 4. CERTIFICATION

THUMBMARK

I have personally reviewed the information on this application and I certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct, and that I understand this information is subject to public disclosure.

(Signature over printed name of Applicant)

Date Accomplished

### 5. FOR AUTHORIZED PERSONNEL ONLY

Reviewed by:	Certified correct by:	Approved by:
_____	_____	_____
(Signature over printed name)	(Signature over printed name)	(Signature over printed name)