



03 February 2025

REGIONAL MEMORANDUM
No. 0141, s. 2025

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

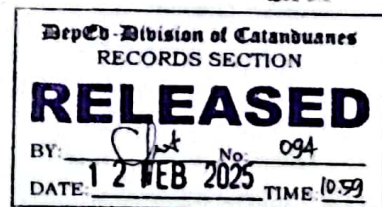
To : Assistant Regional Director
Schools Division Superintendents
All Others Concerned

1. Enclosed is a copy of Memorandum DM- OUOPS-2025-13-00485 from ASec Malcolm S. Garma, Assistant Secretary, Officer-In-Charge, Office of the Undersecretary for Operations relative to the approved and duly notarized Memorandum of Agreement (MOA) between DepEd 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."
2. The MOA aims to enjoin all the 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.
3. 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 PhilID. Kindly refer to Section 3.2.4 of the MOA detailing the assistance needed by PSA from schools.
4. For information, reference, and compliance.

GILBERT T. SADSAD
Regional Director



Republika ng Pilipinas
Kagawaran ng Edukasyon
REHIYON V - BICOL
TANGGAPANG PANSANGAY NG CATANDUANES



February 11, 2025

TO : OIC - Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
CID and SGOD Personnel
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

For information, reference, and compliance of all concerned.

CECILE C. FERRO, CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent



San Roque, Virac, Catanduanes
052 - 8114083
@catanduanes@deped.gov.ph
www.depedcatanduanes.gov.ph
DepEd Tayo - Region V - Catanduanes



Republic of the Philippines
Department of Education
 REGION V - BICOL




03 February 2025

REGIONAL MEMORANDUM
 No. 00141, s. 2025

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

To : Assistant Regional Director
 Schools Division Superintendents
 All Others Concerned

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GILBERT T. SADSAD
 Regional Director

To be indicated in the Perpetual Index
 under the following subjects:

MEMORANDUM OF AGREEMENT
 REGISTRATION OF LEARNERS
 STATISTICS

PPRD/apr
 02/03/2025



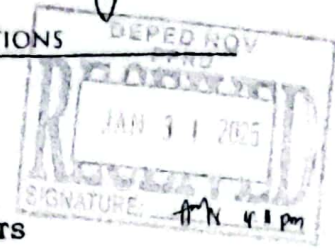
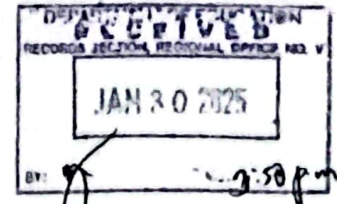
Address: Regional Center Site, Ravns, Legazpi City, 4500
 Telephone Nos.: 0969 516 9555
 Email Address: region5@deped.gov.ph
 Website: <https://region5.deped.gov.ph/>





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 or telephone numbers (02) 8638-8637 and (02) 8638-8639.

For reference and compliance.

Copy furnished:

OFFICE OF THE SECRETARY
osec@deped.gov.ph



Room 101, Rizal Building, DepEd Complex, Meralco Avenue, Pasig City 1600
Telephone Nos. (02) 8633-5313, (02) 8631-8492
Email Address: ouops@deped.gov.ph | Website: www.deped.gov.ph

Doc. Ref. Code	DM-OUOPS	Rev	01
Effectivity	03.23.23	Page	1 of 1



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

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:



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. *start*
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.



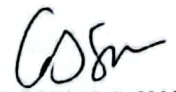
IN WITNESS WHEREOF, the Parties have hereunto signed this Agreement on the _____ day of _____ 2024. JAN 10 at _____ Philippines

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

BEFORE ME, a Notary Public for and in consideration of the foregoing, in _____ Philippines, this 10th day 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. : 7D
Page No. : 111
Book No : 11
Series of 2024

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CS

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ACKNOWLEDGEMENT

Republic of the Philippines)
_____) 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		

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NOTARY PUBLIC

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

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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	1 NAME D V								
	(FIRST NAME)	(MIDDLE NAME) (LAST NAME) (SUFFIX)							
	2 SEX D V	3 DATE OF BIRTH D V							
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<table style="width:100%; text-align:center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D
Y	Y	Y	Y	M	M	D	D		
4 PLACE OF BIRTH D V									
(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)									
FOR PROCESSING PURPOSES ONLY	5 BLOOD TYPE D V	6 FILIPINO OR RESIDENT ALIEN D V							
	TYPE: <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN							
	7 MARITAL STATUS (OPTIONAL) D V								
	<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 D V								
	(RM/FL/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)								
	(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY)								
	B. PRESENT ADDRESS (OPTIONAL) D V								
	<input type="checkbox"/> SAME AS PERMANENT ADDRESS								
	(RM/FL/UNIT NO. BLDG NAME) (HOUSE/LOT/BLOCK NO.) (STREET) (SUBDIVISION)								
(BARANGAY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)									
9 MOBILE NUMBER (OPTIONAL)	10 EMAIL ADDRESS (OPTIONAL)								
PhilSys notification will be sent through the provided mobile number.									
PhilSys notification will be sent through the provided email address.									
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									
<p>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.</p>									
(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									
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div>									
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 ILLEGALLY 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/Unit No. (House/Lot/Block No.) **Block 143** **ATIS MASAYA MALIGAYA QUEZON CITY METRO MANILA PHILIPPINES**
 (Rm/Unit No. Bldg Name) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

B. PRESENT ADDRESS (OPTIONAL)
 3rd Flr **Lot 123** **ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES**
 (Rm/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/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 ANTIPOLO RIZAL PHILIPPINES**
 (Rm/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) 0918XXXX291**

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 DOCUMENTS PRESENTED

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

BReN/ID Number/ACR I-Card Number
Example:

Write the BReN ID Number and ACR I-Card Number
SUPPORTING DOCUMENTS PRESENTED BReN/ID Number/ACR I-Card Number
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 your PhilID card at the Registration Center.

PAID DELIVERY

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

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

- | | |
|---|---|
| <ol style="list-style-type: none"> 22. Employee ID 23. School ID 24. Barangay Clearance/Barangay Certificate | <ol style="list-style-type: none"> 25. Barangay ID 26. City/Municipality ID |
|---|---|

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	1 NAME D V	
	(FIRST NAME)	(MIDDLE NAME) (LAST NAME) (SUFFIX)
	2 SEX D V	3 DATE OF BIRTH D V
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Y Y Y Y - M M - D D
	4 PLACE OF BIRTH D V	
	(CITY/MUNICIPALITY)	(PROVINCE) (COUNTRY)
	5 BLOOD TYPE D V	6 FILIPINO OR RESIDENT ALIEN D V
	TYPE: <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN
	7 A. PERMANENT ADDRESS D V	
	(RM/FLR/UNIT NO. BLDG NAME)	(HOUSE/LOT/BLOCK NO.) (STREET) (SURDIVISION)
(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) (SURDIVISION)	
(BARANGAY)	(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)	
FOR PROCESSING PURPOSES ONLY	8 DETAILS OF MOTHER/ FATHER OR GUARDIAN	
	MOTHER:	PHILSYS CARD NUMBER (16-digit PCN)
	(FIRST NAME) (MIDDLE NAME) (LAST NAME)	[Grid for PCN]
	FATHER OR GUARDIAN:	PHILSYS CARD NUMBER (16-digit PCN)
	(FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)	[Grid for PCN]
	9 MOBILE NUMBER (OPTIONAL)	10 EMAIL ADDRESS (OPTIONAL)
	Notification will be sent through the provided mobile number.	Notification will be sent through the provided email address.
	11 SUPPORTING DOCUMENT/S PRESENTED <i>(Indicate the document/s presented as listed at the back of the Form.)</i>	
	1	BREN/ID Number/ACR I-Card Number
	2	
12 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 <i>(To be filled out by the Supervisor)</i>
		<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 (IF 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 Indicate the applicant's complete address.

B. PRESENT ADDRESS (OPTIONAL)
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)

JRD Fr	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)	(Province/State)	(Country)

PRESENT ADDRESS (OPTIONAL)

JRD Fr	BLOCK 5	IRIS	PSA	MAAYOS	ANTIPOLO	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)
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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 system.
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 document/s presented. Refer to the list of supporting documents below.
 Write the BReN ID Number and ACR I-Card Number.

SUPPORTING DOCUMENT/S PRESENTED 1. PSA-issued Certificate of Live Birth 2. Postal ID	BReN ID Number/ACR I-Card Number BReN ID Number/ACR I-Card Number BReN 123XXXXXXXXXX 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 Foundling
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