

DFA VERIFICATION / CERTIFICATION REQUEST
(FOR APPLICANTS WITH VALID PASSPORTS)

NAME:					
Last	First	Middle			
DATE OF BIRTH:	PLACE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YR</td> </tr> </table>	MO	DAY	YR	WORK/RESIDENCY STATUS: <input type="checkbox"/> OFW <input type="checkbox"/> IMMIGRANT <input type="checkbox"/> CITIZEN BY R.A.9225 <input type="checkbox"/> OTHERS(<i>pls. specify</i>) _____	
MO	DAY	YR			
PASSPORT NUMBER:	DATE OF ISSUE:	PLACE OF ISSUANCE:			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YR</td> </tr> </table>	MO	DAY	YR	
MO	DAY	YR			

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 DISQUALIFICATIONS OF AN OVERSEAS ABSENTEE VOTER AND THAT I HAVE NOT YET REGISTERED AS AN OVERSEAS ABSENTEE VOTER.

DATE OF FILING

SIGNATURE OVER PRINTED NAME

FOR DFA USE ONLY
NOTE: FOR STRICT COMPLIANCE OF DFA PERSONNEL. PRINT NAME AND SIGNATURE FOR EVERY ACTION TAKEN.

NATURE OF APPLICATION: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATION	COMELEC CONTROL NO: _____
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DOCUMENTS PRESENTED:

<input type="checkbox"/> - ORIGINAL COPY OF PASSPORT	<input type="checkbox"/> - DRIVER'S LICENSE
<input type="checkbox"/> - PHOTOCOPY OF VALID PASSPORT DATA PAGE	<input type="checkbox"/> - SOCIAL SECURITY CARD
<input type="checkbox"/> - PHOTOCOPY OF SEAMAN'S BOOK DATA PAGE	<input type="checkbox"/> - OTHERS: _____
<input type="checkbox"/> - PHOTOCOPY OF OATH OF ALLEGIANCE/ORDER OF APPROVAL/IDENTIFICATION CERTIFICATE	
<input type="checkbox"/> - RESIDENCE CARD	
<input type="checkbox"/> - EMPLOYMENT CARD	

INITIAL VERIFIER: _____
SIGNATURE OF COMELEC REPRESENTATIVE
OVER PRINTED NAME

POST: _____

- OTHER REQUIRED ACTION, IF NECESSARY

PASSPORT VERIFICATION (verification by issuing office is not mandatory and may be requested only if necessary)

INTERNAL MANILA OTHERS
 FIRST LEVEL SECOND LEVEL

RESULT OF VERIFICATION: POSITIVE VERIFICATION NEGATIVE VERIFICATION (state reason at the back)

NAME OF VERIFIER: _____ DATE VERIFIED: _____

OTHERS, PLEASE SPECIFY _____

REQUESTED BY: _____ DATE: _____

STATUS: COMPLETE

- FOR CERTIFICATION AS TO CORRECTNESS OF PHOTOCOPY OF PASSPORT

CERTIFICATION ISSUED BY: _____ DATE: _____

- FOR DATA CAPTURING

DATA CAPTURING MACHINE OPERATOR/ COMELEC REP: _____ DATE: _____

- FOR RELEASE/ ENDORSEMENT TO COMELEC

ENDORSEMENT PREPARED BY: _____ DATE: _____

- FOR TERMINAL ENCODING
 - FOR FILING

FILED BY: _____ DATE: _____

ACKNOWLEDGMENT RECEIPT

THIS IS TO ACKNOWLEDGE RECEIPT OF THE APPLICATION OF MR./MS./MRS. _____
FOR REGISTRATION / CERTIFICATION AS AN OVERSEAS ABSENTEE VOTER.

THIS RECEIPT IS NOT AN ACKNOWLEDGMENT OF THE COMPLETENESS OF THE APPLICATION RECEIVED.

DATE

SIGNATURE OF COMELEC REPRESENTATIVE
OVER PRINTED NAME