



ARMED FORCES OF THE PHILIPPINES

ID APPLICATION FORM

DEPENDENT



ACTIVE OFFICER: ACTIVE ENLISTED PERSONNEL:

FIRSTNAME:

MIDDLE NAME:

LAST NAME:

HOME ADDRESS:

REQUIREMENTS

- Duly accomplished application form and endorsed by their admin officer.
- Spouse – PSA marriage contract and birth certificate.
 Children – (Not over 21 years old) PSA birth certificate
 Parents – (Indigent parents 60 years of age and above) birth certificate of active personnel and applicant issued by PSA
- Surrender old AFPIC, if lost attached affidavit of loss and police blotter.

WEIGHT: kgs. HEIGHT: cms. BLOOD TYPE:

EYES: HAIR: CIVIL STATUS SINGLE MARRIED
 WIDOW DIVORCE

TIN: GENDER:

DATE OF BIRTH (DD-MMM-YYYY):

NAME OF PARENTS	FATHER'S NAME	MOTHER'S MAIDEN NAME
FIRST NAME:	<input type="text"/>	<input type="text"/>
MIDDLE NAME:	<input type="text"/>	<input type="text"/>
LAST NAME:	<input type="text"/>	<input type="text"/>

MILITARY PERSONNEL DATA

FIRST NAME:
 MIDDLE NAME:
 LAST NAME:
 RANK: BRANCH OF SERVICE:
 AFPSN: RELATIONSHIP TO THE APPLICANT:
 UNIT ASSIGNMENT:
 ADDRESS:

CONTACT NO. OF PERSON TO BE NOTIFIED:

PERSONAL CONTACT NUMBER:

CAD / ETAD / SOT / ETE (DD-MMM-YYYY):

PASTE

Recent 2x2 colored picture
 In formal / semi formal attire w/ white background
 no mustache / beard, eye glasses
 in proper haircut.

KEEP SIGNATURE INSIDE THE BOX
 (Signature must be visible)

RIGHT THUMBMARK

Statement of Consent

I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for Unified Multi-Purpose ID (UMID) system for updating my personal data and that I shall form part of the CRN registry. I trust that the above data shall remain confidential hence I give my consent that the same data be secured and accessed for subsequent validation, verification and other purposes consistent with the objectives of the UM-ID System are true and complete to the best of my knowledge and belief.

DATE SIGNED

SIGNATURE OVER PRINTED NAME

REMARKS	ENDORSED BY: _____	APPROVED BY: _____
	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
	RANK BR OF SVC	TAG, AFP / MAJ SVC ADJ
	UNIT ADJ / ADMIN OFFICER	

PROCESSED BY: _____

VERIFIED BY: _____

RECORDED BY: _____

ID no.: _____ DATE: _____

Firstname / Lastname
 1. Paid the amount of ONE HUNDRED PESOS (Php100.00) for PAFIC
 2. Please present this when claiming your PAFIC on _____

Applicant's Signature
CLAIM STUB

ID no.: _____ DATE: _____

Firstname / Lastname
 1. Paid the amount of ONE HUNDRED PESOS (Php100.00) for PAFIC
 2. Please present this when claiming your PAFIC on _____

Applicant's Signature
COPY