

OSCA FORM NO. 1

I.D. NO. _____

OFFICE OF THE SENIOR CITIZENS AFFAIRS
City of Imus

REGISTRATION FORM

NAME: _____
(Surname) (First Name) (Middle Name)

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** _____

PLACE OF BIRTH: _____ **CIVIL STATUS:** _____

PRESENT ADDRESS: _____

EDUCATIONAL ATTAINMENT: _____

OCCUPATION: _____ **ANNUAL INCOME:** _____

OTHER SKILLS: _____ **TEL. NO.:** _____

FAMILY COMPOSITION

(Member of the Family)

NAME	RELATIONSHIP	AGE	CIVIL STATUS	OCCUPATION	INCOME

(Use back of this form if necessary)

Name of Association: _____

Address of Association: _____

Date of Membership: _____ **Position:** _____

If an officer, date elected: _____

I certify that the above information are true and correct to the best of my knowledge and belief.

NOTE: This Registration form shall be secured by the Senior Citizen from OSCA and submitted with photocopy of birth certificate and two (2) 1 x 1 picture, one to be attached to this form and one for the I.D.

Incase of Lost I.D. The clients required to submit Affidavit of lost and should pay PHP100.00

**Signature or Thumb mark
of the Senior Citizen**

**Signature over printed name of
BAFESCA President**