



ARMED FORCES OF THE PHILIPPINES ID APPLICATION FORM DEPENDENT



Ctrl. No.: _____

Please check

- Active Officer
- Active Enlisted
- Civilian Personnel
- Reservist Officer/Enlisted

REQUIREMENTS

1. Application form duly accomplished endorsed by their admin officer.
2. For spouse - Authenticated copy of Certificate of Non-Marriage issued by NSO.
For children - Authenticated copy of birth certificate issued by NSO.
For parents - Authenticated copy of marriage contract and active personnel birth certificate (for married, age of parents should be 60 yrs old & above to be qualified).
3. ORDERS : CAD /ETAD, Enlistment/Re-Enlistment, Promotion, Assignment, Change of Branch of Service, Change of Marital Status, Amendment Orders, whatever is applicable.
4. Surrender Old AFP ID. If Lost attached Affidavit and Police Blotter.
5. Present any valid ID.

ID No.: _____

DEPENDENT DATA

FIRSTNAME: [Grid]

MIDDLENAME: [Grid] MIDDLE INITIAL: [Grid]

LASTNAME: [Grid]

BIRTHDATE: [Grid] (DD-MMM-YYYY)

OTHER IDENTIFYING DATA: [Grid]

ADDRESS: [Grid]

RELATIONSHIP: [Grid]

COLOR OF EYES: [Grid]

COLOR OF HAIR: [Grid]

WEIGHT: [Grid] kgs. BLOOD TYPE [Grid]

HEIGHT: [Grid] cms. TIN [Grid]

NAME OF PARENTS FATHER MOTHER

FIRSTNAME: [Grid]

MIDDLENAME: [Grid]

LASTNAME: [Grid]

MILITARY PERSONNEL DATA:

FIRSTNAME: [Grid]

MIDDLENAME: [Grid] MIDDLE INITIAL: [Grid]

LASTNAME: [Grid]

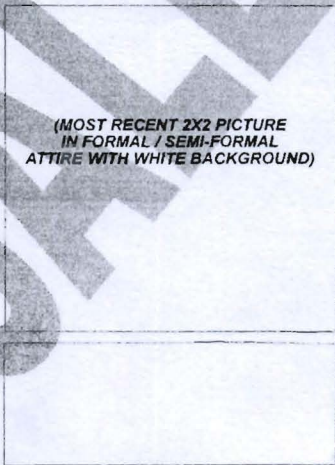
RANK / DESIGNATION: [Grid]

AFPSN: [Grid]

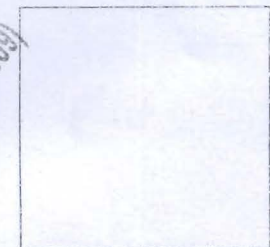
BRSVC: [Grid]

UNIT ASSIGNMENT: [Grid] EXPIRATION OF TERM OF ENLISTED (ETE) DD-MMM-YY [Grid]

ADDRESS: [Grid]



KEEP SIGNATURE INSIDE THE BOX (PLEASE USE BLACK SIGN PEN)



RIGHT THUMBMARK

REMARKS:

ENDORSED BY: _____
SIGNATURE OVER PRINTED NAME
RANK BR OF SVC
UNIT ADJ / ADMIN O

APPROVED BY: _____
SIGNATURE OVER PRINTED NAME
TAG, AFP / MAJ SVC ADJ

PROCESSED BY: _____
VERIFIED BY : _____
RECORDED BY : _____

ID no.: _____
(c/o OTAG-PCRD)

DATE: _____

ID no.: _____
(c/o OTAG-PCRD)

DATE: _____

Firstname/Lastname _____
Control No.: _____ (c/o GMP)

- 1) Paid the amount of P 70.00 for AFP ID.
- 2) Please present this when claiming your AFP ID on _____.

Cashier's Signature
CLAIM STUB

Control No.: _____ (c/o GMP)

Received the amount of P 70.00 for payment of AFP ID

Cashier's Signature
CASHIER'S COPY