<<BARANGAY CLEARANCE REQUEST FORM

ABAR 1ST, SAN JOSE CITY, NUEVA ECIJA

INFORMATION FORM

Last Name:		First Name:	
Middle Name:		Suffix:	
Date of Birth:		Place of Birth:	
Age:		Sex:	☐ MALE ☐ FEMALE
Civil Status:	☐ SINGLE ☐ MARRIED ☐ WIDOWED	Citizenship:	
Address:			
Years of Residency:		Contact No.:	
Purpose of Clearance:			
Valid ID Presented:			
Emergency Contact:		Phone:	
Applicant Signature:		Date:	

I, _____, hereby declare and solemnly affirm that all the details, statements, and information provided in this document are true, accurate, and complete to the best of my knowledge. I understand that any false statements or willful concealment of material facts may result in legal consequences

_____

Signature over Printed name