

## Republic of the Philippines Province of Cavite MUNICIPALITY OF NOVELETA



APPLICATION FOR MUNICIPAL FISHERFOLK REGISTRATION

Attach Photo Here 1 ½ x 1 ½
Photo should be taken for the last six

Registration Number: Registration Date:				New Re Renewo		on		Transferee		(6) months
1. PERSONAL INFORM	MATION									
Complete Name										
☐ Mr. ☐ Ms. ☐ Mrs	·									
Salutation		Last Name		First Name				Middle Name Appellation (Sr, Jr, III)		
Address:										
Street/ I	Barangay			City/Municipality				Province		
Fishing Ground		FMA Number				<u> </u>				
•		6	•				Full Time			Part Time
Contact Number: (Telephone/Mobile)					Resident of the Municipality since: (Indicate the Year)				nce:	
Age	Date of	e of Birth DD YEAR					Place of Birth (Municipality/Province)			
Sex			Civil Sto				1		No. of C	hildren
☐ Male		Female	☐ Sin	gle			Legally Se	eparated		
_			_ П ма				Widowed	1		
On Number Household	Members	:						l		
Number of Male	_	Num	ber In-S	School		_		Number o	of Employ	ed
Number of Female Number				oer of Out-of-School _			Number of Unemployed			
Educational Backgroun	nd									
☐ Elementary ☐ V				ocational		Post-Graduate				
☐ High School	☐ College			Э	☐ Others, specify:					fy:
Nationality			Relig	gion						
☐ Filipino			□R	Roman C	atholic	:	☐ Prote	estant Christ	tian 🔲	Iglesia ni Cristo
Others, please specify:			Aglipayan Aglipayan			Islam			☐ No Religion	
Others, please specify:										
Household Gross Month	nly Income	e (in PhP)						Other Sour	ces of Inc	come:
Less than 5,000	,	5,001 – 10,000	0	г	10,001	1 – 20	0,000	Farming/Fi		Income Value
				_				J.		
20,001 – 30,000	of Emoro	30,001 – 40,00			More	inan	40,000	Contact N	lumbar: /i	Tolophono (Mobilo)
Person to Notify in Case of Emergency (First Name, Last Name)				Relationship:				Contact Number: (Telephone/Mobile)		
			Addre	ess: (Barc	angay, I	Munic	cipality, Pro	ovince)		
With Voters' ID?					CCT/4	Ps				
	) No							☐Yes ☐No		
□No  Member of Indigenous	Cultural	Community (IP)2						Пио		
Yes	Conordi	Commonly (IF)?								
□No										
Barangay Verification (	Verified tr	ue and correct b	y)							
Signature N		Na	me			Position			Date	

Other Sources of Income:   Capture Fishing (specify gear used)	2. LIVELIHOOD							
Aquaculture (specify gear used) Fish Vending Gleaning Fish Processing Others (please specify)  3. ORGANIZATION  Name of Organization  Member Since Position/Official Designation  4. CERTIFICATION  Thumbmark  I have personally reviewed the information on this application, and I certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct, and that I understand this information is subject to public.  Signature above printed name of Applicant  Date Accomplished  5. FOR AUTHORIZED PERSONNEL ONLY  Reviewed and verified by: (Signature above printed name)  ROLANDO S. PALUSTRE  MARK ANTHONY B. ALFARO								
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(Signature above printed name) (Signature above printed name) (Signature above printed name)  ROLANDO S. PALUSTRE MARK ANTHONY B. ALFARO								
ROLANDO S. PALUSTRE MARK ANTHONY B. ALFARO								
	(signature above printed name)	(signature above pr	intea name)	(signature above printed name)				
MFARMC Chairman MFARMC Coordinator Municipal Agriculturist		ROLANDO	S. PALUSTRE	MA	RK ANTHONY B. ALFARO			
	MFARMC Chairman	MFARMC Chairman MFARMC C			Municipal Agriculturist			