



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



**APPLICATION FOR MUNICIPAL FISHERFOLK REGISTRATION**

Attach Photo Here  
1 1/2 x 1 1/2  
Photo should be  
taken for the last six  
(6) months

Registration Number: \_\_\_\_\_  New Registration  Transferee  
Registration Date: \_\_\_\_\_  Renewal

**1. PERSONAL INFORMATION**

**Complete Name**

Mr.  Ms.  Mrs. \_\_\_\_\_  
Salutation Last Name First Name Middle Name Appellation (Sr, Jr, III)

**Address:**

\_\_\_\_\_ Street/ Barangay \_\_\_\_\_ City/Municipality \_\_\_\_\_ Province

**Fishing Ground**

**FMA Number**

6

Full Time

Part Time

**Contact Number:** (Telephone/Mobile) \_\_\_\_\_

**Resident of the Municipality since:**  
(Indicate the Year) \_\_\_\_\_

**Age**

**Date of Birth**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
MM DD YEAR

**Place of Birth**

(Municipality/Province)

**Sex**

Male

Female

**Civil Status**

Single

Legally Separated

Married

Widowed

**No. of Children**

**On Number Household Members:**

Number of Male \_\_\_\_\_ Number In-School \_\_\_\_\_ Number of Employed \_\_\_\_\_  
Number of Female \_\_\_\_\_ Number of Out-of-School \_\_\_\_\_ Number of Unemployed \_\_\_\_\_

**Educational Background**

Elementary

Vocational

Post-Graduate

High School

College

Others, specify: \_\_\_\_\_

**Nationality**

Filipino

Others, please specify: \_\_\_\_\_

**Religion**

Roman Catholic

Protestant Christian

Iglesia ni Cristo

Aglipayan

Islam

No Religion

Others, please specify: \_\_\_\_\_

**Household Gross Monthly Income (in Php)**

Less than 5,000

5,001 – 10,000

10,001 – 20,000

20,001 – 30,000

30,001 – 40,000

More than 40,000

**Other Sources of Income:**

Farming/Fishing

Income Value

**Person to Notify in Case of Emergency**

(First Name, Last Name)

Relationship: \_\_\_\_\_

Contact Number: (Telephone/Mobile) \_\_\_\_\_

Address: (Barangay, Municipality, Province)

**With Voters' ID?**

Yes

No

ID No. \_\_\_\_\_

**CCT/4Ps**

Yes

No

**Member of Indigenous Cultural Community (IP)?**

Yes

No

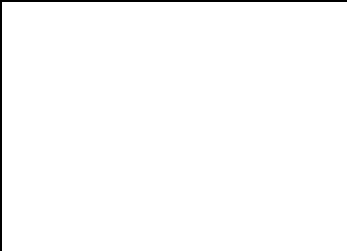
**Barangay Verification (Verified true and correct by)**

Signature

Name

Position

Date

2. LIVELIHOOD		
<b>Main Source of Income:</b> Capture Fishing ( <i>specify gear used</i> ) _____ Aquaculture ( <i>specify gear used</i> ) _____ Fish Vending _____ Gleaning _____ Fish Processing _____ Others ( <i>please specify</i> ) _____		<b>Other Sources of Income:</b> Capture Fishing ( <i>specify gear used</i> ) _____ Aquaculture ( <i>specify gear used</i> ) _____ Fish Vending _____ Gleaning _____ Fish Processing _____ Others ( <i>please specify</i> ) _____
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		
<b>Reviewed and verified by:</b> (Signature above printed name)	<b>Certified correct by:</b> (Signature above printed name)	<b>Approved by:</b> (Signature above printed name)
MFARMC Chairman	<b>ROLANDO S. PALUSTRE</b> MFARMC Coordinator	<b>MARK ANTHONY B. ALFARO</b> Municipal Agriculturist