

Last Name																				Suffix				
First Name																								
Middle Name															Relationship									
House No. / Street / Barangay																								
Town / City																								
Province																				Zip Code				
Telephone Number										Cellphone Number										E-mail Address				

Last Name																	Suffix				
First Name																					
Middle Name																	Relationship			Age	

House No. / Street	
City / State	
Country	
Zip Code	E-mail Address
Telephone Number	Cellphone Number

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— 100 —

CFO No. / Emigrant No.										
OR #										
GCC Form #										
Issue Date [mm-dd-yyyy]					-					
Category										
Reg. Date [mm-dd-yyyy]					-					
Verifier										

I hereby certify under penalty of law to the truth and correctness of the statement and that this form was accomplished by me personally or under my personal direction.

THIS FORM IS NOT FOR SALE