OAVF No. 1

APPLICATION FOR:
☐ REGISTRATION ☐ CERTIFICATION
AS OVERSEAS ABSENTEE VOTER

Embassy/Consulate
Country
Application No.

PART I - PERSONAL INFORMATION

NAME OF APPLICANT *Pangalan ng Aplikante*
LAST NAME *Apelyido*
FIRST NAME *Pangalan*
MIDDLE NAME *Panggitna*

STATUS ABROAD
☐ OFW ☐ DUAL CITIZEN
☐ Seafarer
☐ Immigrant ☐ Others

CITIZENSHIP

DATE OF BIRTH *Petsa ng Kapanganakan* (Month *Buwan* / Day *Araw* / Year *Taon*)

CIVIL STATUS *Katayuang Sibil*: Married *May Asawa* ☐ Single *Walang Asawa* ☐ Widow/er *Balo* ☐ Others *Please specify*

SEX *Kasarian*: Male *Lalaki* ☐ Female *Babae* ☐

PLACE OF BIRTH *Lugar ng Kapanganakan*
City/Municipality *Lungsod/Bayan*
Province *Lalawigan*

PASSPORT/DFA CERTIFICATION NO. *Numero*
ISSUED ON *Petsa ng Pagkakaloob* (Month *Buwan* / Day *Araw* / Year *Taon*)
ISSUED AT *Lugar ng Pagkakaloob*

RESIDENCE IN THE PHILIPPINES BEFORE LEAVING FOR ABROAD *Tirahan sa Pilipinas bago umalis patungong ibang bansa*
City/Municipality *Lungsod/Bayan*
Province *Lalawigan*

RESIDENCE ABROAD *Tirahan sa bang bansa*
In case of change of residence abroad, please immediately notify embassy/consulate nearest you.
Kung kayo ay lumipat ng tirahan sa ibang bansa, ipagbigay alam kaagad sa embahada o konsulado na malapit sa inyo.

HOUSE NO./STREET *Numero ng bahay at Kalye*
POSTAL CODE
CITY *Lungsod*
COUNTRY *Bansa*
STATE *Estado*
TELEPHONE No. *Numero ng telepono*
CELLPHONE No.
e-mail address

MOTHER'S NAME *Pangalan ng Ina*
Last Name *Apelyido noong Dalaga*
First Name *Pangalan*
M.I.
PLACE OF BIRTH *Lugar ng Kapanganakan*
City/Municipality *Lungsod/Bayan*
Province *Lalawigan*
DATE OF BIRTH *Petsa ng Kapanganakan* (Month *Buwan* / Day *Araw* / Year *Taon*)

AUTHORIZED REPRESENTATIVE IN THE PHILIPPINES *Awtorisadong Kinatawan sa Pilipinas*
NAME *Pangalan*
Last Name *Apelyido*
First Name *Pangalan*
M.I.
ADDRESS *Tirahan*
Telephone No. *Numero ng telepono*
Cellphone Number
e-mail address

If your application is disapproved, you or your authorized representative may file the appropriate action with the COMELEC. *Kung ang inyong aplikasyon ay hindi naaprobahan, ikaw o ang inyong kinatawan ay maaring maghain ng karampatang aksyon sa COMELEC.*

PART II - OATH AND APPLICATION TO VOTE IN ABSENTIA

I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of an overseas absentee voter; that I have not yet registered as an overseas absentee voter; and that I hereby apply to vote in absentia and request that my name be included in the Certified List of Overseas Absentee Voters (CLOAV). *Ako ay nanunumpa na ang mga tinuran ko sa itaas patungkol sa aking katauhan ay totoo at tama; na ako ay kwalipikado at hindi diskwalipikadong botante sa overseas; kahit kailan ay hindi pa ako nakapag-rehistro bilang isang overseas absentee voter; at ako ay naghahangad na makaboto "in absentia" at mapabilang ang aking pangalan sa Sertipikadong Talaan ng Overseas Absentee Voters.*

Date of Filing *Petsa ng Pag-sumite*
Signature Above Printed Name of Applicant *Lagda sa Itaas ng Nakasulat na Pangalan ng Aplikante*
SUBSCRIBED AND SWORN TO BEFORE ME ON THE ABOVE DATE.
Administering Officer Signature Above Printed Name

PART III - AFFIDAVIT OF INTENT TO RETURN TO BE ACCOMPLISHED BY IMMIGRANTS AND/OR PERMANENT RESIDENTS

I intend to return to the Philippines pursuant to Section 5 (d) of Republic Act No. 9189 and has not applied for citizenship in another country. *Plano kong bumalik sa Pilipinas ayon sa Section 5 (d) ng Republic Act No. 9189 at hindi nag-aplay para maging isang mamamayan ng ibang bansa.*

Date *Petsa*
Signature Above Printed Name of Applicant *Lagda sa Itaas ng Nakasulat na Pangalan ng Aplikante*
SUBSCRIBED AND SWORN TO BEFORE ME ON THE ABOVE DATE.
Signature Above Printed Name of Administering Officer

PART IV - DO NOT FILL UP THIS PORTION / FOR OFFICIAL USE

ACTION BY RESIDENT ELECTION REGISTRATION BOARD
☐ Approved Date
☐ Disapproved Reason for disapproval

Member Signature Above Printed Name
Chairman Signature Above Printed Name
Member Signature Above Printed Name

ACKNOWLEDGMENT RECEIPT

This is to acknowledge receipt of the application of Mr./Ms. _____ for registration/certification subject to the approval of the Resident Election Registration Board of the Commission on Elections.

Date
Signature Above Printed Name of Administering Officer

NOTE: All applications for registration shall be subject to the approval of the Resident Election Registration Board.