Republic of the Philippines
UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION FORM

(07-2013)

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN **CAPITAL LETTERS** AND **USE BLACK OR BLUE INK ONLY**.

NAME OF AGENCY

SOCIAL SECURITY SYSTEM

COMMON REFERENCE NUMBER (IF ANY)

PURPOSE

☐ INITIAL ENROLLMENT   ☐ CARD REPLACEMENT

☐ Replacement of Lost Card   ☐ Amendment of Facts of Birth   ☐ Others _____
☐ Replacement of Damaged Card   ☐ Amendment of Demographic Data   _____
☐ Amendment of Name   ☐ Amendment of Authenticating Finger

PART I - NAME

1. NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
MAIDEN NAME (LAST NAME) (IF MARRIED FEMALE)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

PART II - FACTS OF BIRTH

2. DATE OF BIRTH (MMDDYYYY)	3. PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY, If born outside the Philippines)	4. SEX ☐ MALE ☐ FEMALE

5a. FATHER'S NAME   (LAST NAME)   (FIRST NAME)   (MIDDLE NAME)   (SUFFIX)

5b. MOTHER'S MAIDEN NAME   (LAST NAME)   (FIRST NAME)   (MIDDLE NAME)   (SUFFIX)

PART III - DEMOGRAPHIC DATA

6. HOME ADDRESS   (RM./FLR./UNIT NO. & BLDG. NAME)   (HOUSE/LOT & BLK. NO.)   (STREET NAME)   (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY)   (CITY/MUNICIPALITY)   (PROVINCE/STATE)   ZIP CODE   COUNTRY CODE

7. MARITAL STATUS

☐ SINGLE   ☐ MARRIED   ☐ WIDOWED   ☐ DIVORCED/ANNULED   ☐ LEGALLY SEPARATED

8. TAX IDENTIFICATION NUMBER (IF ANY)	9. HEIGHT (IN CENTIMETERS)	10. WEIGHT (IN KILOGRAMS)	11. DISTINGUISHING FEATURE(S)

PART IV - STATEMENT OF CONSENT

I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for the Unified Multi-Purpose ID (UMID) System or updating my personal data in the CRN Registry. I trust that the above data shall remain confidential, hence, I give my consent that the same data be secured and accessed for subsequent validation, verification and other purpose consistent with the objectives of the UMID System under Executive Order No. (EO) 420 as amended by EO No. 700. I further affirm that all statements/data, which appear in this application form and made by me are true, correct and complete to the best of my knowledge and belief.

PRINTED NAME   SIGNATURE   DATE

PART V - OTHER ENROLLEE DATA

SS NUMBER	TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS

IF YOU ARE A SURVIVING SPOUSE/GUARDIAN/DEPENDENT OF DECEASED/PENSIONER MEMBER, PLEASE INDICATE SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) OF DECEASED/PENSIONER MEMBER BELOW

SS NUMBER/COMMON REFERENCE NUMBER	NAME OF MEMBER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)

PART VI - FOR SSS USE ONLY

IDENTIFICATION/DOCUMENT/S PRESENTED	REMARKS

SCREENED BY	DATA CAPTURED BY
SIGNATURE OVER PRINTED NAME DATE & TIME BRANCH	SIGNATURE OVER PRINTED NAME DATE & TIME

---Perforate Here---

Republic of the Philippines
UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION FORM
ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NUMBER	NAME OF AGENCY **SOCIAL SECURITY SYSTEM**	BRANCH

NAME   (LAST NAME)   (FIRST NAME)   (MIDDLE NAME)   (SUFFIX)

SCREENED BY	DATA CAPTURED BY
SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME

INSTRUCTIONS

1. This form shall be used in applying for initial or replacement UMID card.

2. Fill out this form in one (1) copy without erasures and alterations.

3. Place a checkmark on the applicable box.

4. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.

5. Present identification document/s.
   a. Any one (1) of the following primary documents:
      - Driver's License
      - Passport
      - Professional Regulation Commission (PRC) card
      - Seaman's Book

   b. In the absence of the primary documents, submit **any two (2)** of the following secondary documents, one of which with signature and photo:
      - Postal ID
      - School or Company ID
      - Taxpayer's Identification Number (TIN) card
      - Membership Card issued by private companies
      - Overseas Worker Welfare Administration Card
      - Senior Citizen Card
      - Voter's Identification Card/Affidvit/Certificate of Registration
      - ATM card
        - with cardholder's name
        - with certification from bank, if without name
      - Credit card
      - Fisherman's Card issued by the Bureau of Fisheries and Aquatic Resources (BFAR)
      - GSIS Card/Member's Record/Certificate of Membership
      - Health or Medical Card
      - ID Card issued by LGUs (e.g. Barangay/ Municipal/City)
      - ID Card issued by professional association recognized by PRC
      - Permanent Residency ID
      - Birth Certificate
      - Baptismal Certificate
      - Marriage Contract
      - NBI Clearance
      - Pag-IBIG Member's Data Form
      - Permit to Carry Firearms issued by the Firearms & Explosive Unit of PNP
      - PHIC Member's Data Record
      - Police Clearance
      - Seafarer's Registration Certificate issued by the Philippine Overseas Employment Authority (POEA)
      - Temporary License issued by Land Transportation Office (LTO)
      - Transcript of School Records
      - Alien Certificate of Registration
      - Bank Account Passbook
      - Certificate from:
        - Office of the Southern/Northern Cultural Communities
        - Office of Muslim Affairs
      - Certificate of Licensure/Qualification Documents/Seafarer's ID & Record Book from Maritime Industry Authority
      - Certificate of Naturalization from the Bureau of Immigration
      - Life Insurance Policy
      - Birth/Baptismal certificate of child/ren or its equivalent

6. Fill out appropriate items in the following format:
   a. **Items 1, 5a and 5b**
      Example: **Juan Andres Gregorio Toralba III** will be entered as:

1. NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
TORALBA	JUAN ANDRES	GREGORIO	III

   b. **Item 1 (**For Married Female)
      Example: **Anna Maria Dela Cruz Santos** at birth and married name is **Anna Maria Roman** will be entered as:

1. NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ROMAN	ANNA MARIA	SANTOS	
MAIDEN NAME (IF MARRIED FEMALE) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SANTOS	ANNA MARIA	DELA CRUZ	

   c. **Item 6**
      Example: **837 Akle St., Barangay Claro, Project 2, Quezon City 1102** will be entered as:

6. HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)		
	837	AKLE ST.			
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE/STATE)	ZIP CODE	COUNTRY CODE	
BARANGAY CLARO, PROJECT 2	QUEZON CITY	METRO MANILA	1 1 0 2	PHL	

   Indicate the permanent address rather than the temporary mailing address. For example, if with permanent residence in the province but working or staying in Metro Manila during weekdays, indicate the provincial address instead of the Metro Manila address.

7. Write the "Height" in centimeters and "Weight" in kilograms.
   To convert: 1 ft = 30.38 cm   1 lb = 0.4536 kg
                  1 in = 2.54 cm

8. In **item 11**, limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".

9. **For card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent and submit this form together with the required document/s and validated Miscellaneous Payment Form or Special Bank Receipt (SBR) with Miscellaneous Payment Form to the nearest SSS branch office.

10. **For card replacement due to amendment of data/authenticating finger**, submit the previously issued SSS or UMID card.