



REPUBLIC OF THE PHILIPPINES

CITY MAYOR'S OFFICE

OFFICE FOR SENIOR CITIZENS AFFAIRS

MAIN OFFICE

Agton Street, Toril, Davao City, Davao Del Sur
(OSCA bldg.) Tel. No.: 272 4029

(CSWDO bldg.) Tel. No.: 241-1000 Loc. 394-395

CITY OF DAVAO

SENIOR CITIZEN ID REGISTRATION FORM

Revised 2022



Requirements:

1. Proof of Age: Any of the ff:
Birth/Baptismal Certificate or Gov't issued ID w/Birthdate/Mailing address
2. Proof of Residency: **Barangay Certification w/inclusion of Date of Birth.**
3. 2 PCS 1"x1" ID Picture (w/Collar)
For Replacement:
Barangay Certification (If applicable)

Control #: _____
Date: _____

FOR ONLINE APPLICATION VIA EMAIL ADD.:

- (District I) osca@davaocity.gov.ph
(District II) osca.districtII@gmail.com
(District III) osca.today2021@gmail.com

Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

NAME:			
Given Name		Middle Name	Surname
Date of Birth: <small>mm-dd-yyyy</small>	Age:	Gender:	Civil Status:
Place of Birth:			Contact #:
Complete Address:			
Barangay:		District:	
In Case of Emergency Please Notify: Name: _____ Contact No.: _____ Relationship: _____		<input type="checkbox"/> Senior Citizen is a social pensioner <input type="checkbox"/> Senior Citizen is retiree <input type="checkbox"/> City Government annual financial assistance beneficiary (1,500) <input type="checkbox"/> Fully vaccinated <input type="checkbox"/> Validated (SafeDavaoQR) Name of Senior Citizen Assn.: _____ Name of Chapter Pres.: _____	
_____ Applicant Signature over printed Name		_____ Approved for Release LUIS R. MORAN OSCA HEAD	_____ Released by: Signature Over printed Name
_____ Claimant's Signature over Printed Name		(This part is to be filled up by the OSCA) New _____ Rep _____ Date Verified: _____ Verified by: _____ _____ Name	PICTURE ID 1"x1"
		_____ Validator: _____ Name	
_____ Contact No.:		_____ ID NO.:	_____ Date:

I hereby authorize the Office for Senior Citizens' Affairs (OSCA) to collect and process the above information for the purpose of Senior Citizens' ID Application. I understand that my personal information is protected by R.A. 10173, Data Privacy Act of 2012.

Name and Signature of Senior Citizen / Authorized Representative

