ADAC
ANTI-DRUG ABUSE COUNCIL

Republic of the Philippines
[Insert Province Name]
[Insert Municipality Name]
[INSERT BARANGAY NAME]
BARANGAY ANTI-DRUG ABUSE COUNCIL

ATTACHED PHOTO HERE

[INSERT NAME OF BADAC MEMBER]

[INSERT POSITION HERE]

BADAC MEMBER NO. [INSERT HERE]

[INSERT ADDRESS HERE]
COMPLETE ADDRESS

PERSONAL INFORMATION

DATE OF BIRTH:	[INSERT DATE OF BIRTH]
SEX:	[INSERT SEX]
CIVIL STATUS	[INSERT CIVIL STATUS]
CONTACT NO.	[INSERT CONTACT NO.]

IN CASE OF EMERGENCY, PLEASE CONTACT:
[INSERT HERE]

IN CASE OF LOSS, PLEASE RETURN TO THIS BARANGAY

[INSERT VALIDITY]
VALID UNTIL

[INSERT NAME]
CITY / MUNICIPAL MAYOR

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