



Republic of the Philippines
Department of the Interior and Local Government

BARANGAY OFFICIAL'S INFORMATION SHEET
2023-2025 Term of Office

NOTE: PLEASE ACCOMPLISH THIS FORM AND WRITE LEGIBLY ALL THE INFORMATION REQUIRED IN CAPITAL LETTERS.

REGION* : _____ CITY/MUNICIPALITY* : _____
PROVINCE* : _____ BARANGAY* : _____

ELECTIVE AND APPOINTIVE POSITION

(Instruction: Check the acquired position)

DATE OF ASSUMPTION TO OFFICE/APPOINTMENT * : _____ DATE OF ELECTION: October 30, 2023

- Punong Barangay
- Sangguniang Barangay Member
- SK Chairperson
- SK Member (Encircle Rank 1, 2, 3, 4, 5, 6, 7)
- IPMR
- Barangay Treasurer
- Barangay Secretary
- SK Treasurer
- SK Secretary
- BADAC Cluster Leader
- Barangay Health Worker
- Accredited/Registered by the Local Health Board
- Appointed by the Barangay (Barangay Health Aide/Health Care Assistant)
- Barangay Nutrition Scholar
- Barangay Tanod
- Day Care Worker

TERM IN THE PRESENT POSITION.

Accredited per ECCD Council Resolution No. 13-03

1st 2nd 3rd Appointive/Replacement

dated Sept. 10, 2015

- Lupon Member
- VAW Desk Officer

If related with the Appointing Authority, please indicate the degree of consanguinity/affinity: _____

PERSONAL AND POLITICAL INFORMATION

_____ (PhilSys Card No.)

(Last Name) * _____
(First Name) * _____
(Suffix e.g. Jr., II, III) _____
(Middle Name) *

(Birth Date: mm/dd/yyyy) * _____
(Birth Place) * _____
(Sex at Birth) * (Civil Status) * _____
(Religion) * _____

(Residence Address) * _____
(Contact Number) * _____
(Official E-mail Address)

(Barangay Hall Address) * _____
(Barangay Hall Contact Number) * _____
(Barangay E-mail Address)

HIGHEST EDUCATIONAL ATTAINMENT*: ELEMENTARY HIGH SCHOOL COLLEGE POST GRAD VOCATIONAL

Graduate _____ (Course) _____ Under Graduate

OTHER OCCUPATION, IF ANY: _____
Private Government HONORARIUM AS BARANGAY OFFICIAL*: _____

BENEFICIARIES*: (for Punong Barangay, Sangguniang Barangay Member, SK Chairperson, IPMR, Barangay Secretary, and Barangay Treasurer only)

	NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. _____
(Please use additional sheet if necessary)

I hereby certify that the above information are true and correct to the best of my knowledge. I understand that for the DILG to carry out its mandate they must necessarily process my personal information. Therefore, I grant my consent and recognize the authority of the DILG to process my personal information, pursuant to the Philippine Data Privacy Act of 2012.

(Signature over Printed Name)

(Date Accomplished)

Verified and validated by:

INDIRA-PATRA A. JUAINI

CD/CLGOO/MLGOO
(Signature over Printed Name)

Date