



Republic of the Philippines
NATIONAL COMMISSION ON INDIGENOUS PEOPLES
Cordillera Administrative Region

Province of _____
Municipality of _____
Barangay of _____

INFORMATION INDEX

Note: Please write your responses in ALL CAPITAL letters. Write N/A if not applicable. Do not leave any space blank.

PURPOSE/S: (Please Check)

- NAPOLCOM (PNP) BFP: Age Waiver___ Height Waiver___
- BJMP: Age Waiver___ Height Waiver ___ AFP: Age Waiver___ Height Waiver ___
- Tribal Identification (e.g. IPMR, IPO, Scholarship, Land Matters)
- Others (Pls. specify): _____

I. PERSONAL INFORMATION

Name: _____ Tribe: _____

Contact No: _____

Permanent Address: _____

Sex: [] Male [] Female Civil Status: _____

Place of Birth: _____ Date of Birth: _____

If Married, Name of Spouse _____ Tribe: _____

II. EDUCATIONAL BACKGROUND

Highest Educational Attainment: _____

Degree Obtained: _____

III. PARENTAL BACKGROUND

| | FATHER | MOTHER (use mother's maiden name) |
|-------------|--------|-----------------------------------|
| Name | | |
| Address | | |
| Tribe | | |
| Grandfather | | |
| Tribe | | |
| Grandmother | | |
| Tribe | | |

IV. APPLICANTS PLEDGE:

I, _____ do solemnly swear that all data given in the above information are true and correct to the best of my knowledge and based on authentic records. I understand that any false information is enough to cause the denial of my application and could subject me to CRIMINAL and/or ADMINISTRATIVE prosecution.

(Date Accomplished)

(Applicant's Signature Over Printed Name)
Res. Cert/ID. No. _____
Issued on _____
Issued at _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines.

Doc No. _____
Page No. _____
Book No. _____
Series of _____

Person Administering Oath
Not Valid Without Seal

VERIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that Mr./Ms./Mrs. _____ has fully complied and submitted the following original signed documents arranged in proper order as follows:

- ___ Index Form with Verification (NCIP COC Form 1)
- ___ Genealogy Form (NCIP COC Form 2)
- ___ Joint Affidavit of Two Disinterested Persons Attesting to the Tribal Membership of the Applicant (NCIP COC Form 3)
- ___ Certification of Tribal Membership from the Office of the Tribal Elder/Tribal Leader/Punong Barangay (NCIP COC Form 4)
- ___ Original Copy of Birth Certificate (NSO/LCR)
- ___ 2 pieces 2x2 identical ID Pictures taken within 6 months from application with white background and name tag
- ___ 2 sets Documentary Stamp (BIR)
- ___ Investigation/Validation Report, if applicable

I FURTHER CERTIFY that I have examined the above-documents and I am fully satisfied of the authenticity. I have interviewed the applicant and I declare to the best of my knowledge that the applicant belongs to the _____ tribe.

*(Signature Over Printed Name of Provincial COC Focal Person
if received in province or CSC Focal Person if received in CSC)*

Date

CSC ENDORSEMENT

Respectfully endorsing herewith the COC application of _____ who is securing a Certificate of Confirmation to identify his/her tribal membership. Verified based on the duly subscribed certification of Tribal Elder/leader/Punong Barangay _____ of _____ Barangay, _____ Municipality, _____ province/city.

Forwarding herewith his/her attached documents in support to his/her application for Certificate of Confirmation as required by the _____ to the Provincial Officer for his/her favorable action.

CDO III

Date

PO ENDORSEMENT

Respectfully endorsing herewith the COC application of _____ who is securing a Certificate of Confirmation to identify his/her tribal membership as Indigenous Peoples pursuant to Section 2, C, Part 1, Rule IV of IPRA-IRR Administrative Order No. 1, series of 1998. . Verified based on the duly subscribed certification of Tribal Elder/leader/Punong Barangay _____ of _____ Barangay, _____ Municipality, _____ province/city.

This is also to affirm that Mr./Ms. _____ is a member of the _____ tribe on the basis of through and determination of the authenticity of documents submitted as well as personal interview of the applicant.

Forwarding herewith his/her attached documents in support to his/her application for Certificate of Confirmation as required by the _____ to the NCIP-CAR Regional Director for his favorable action.

Provincial Officer

Date