

Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Veterans Compound
Camp General Emilio Aguinaldo
Quezon City

DATE

Sir / Madam:

To facilitate early processing of your **SUSPENDED/TERMINATED** OLD AGE PENSION under RA 6948. Please accomplish the required information sheet to establish your identity and return the same to this office immediately.

If veteran is already DECEASED please furnish this office a copy of his/her DEATH CERTIFICATE. Attach on ID picture and affix your left and right thumb marks at the space provide,

FOR THE ADMINISTRATOR:

MELINDA I. LUNA

Chief, Veterans Records Management Division

FULL NAME OF VETERAN _____

DATE / PLACE OF BIRTH _____

FULL NAME OF WIDOW/WIFE _____

DATE / PLACE OF BIRTH _____

DATE / PLACE OF MARRIAGE _____

PLEASE CHECK WHETHER LIVING [] DECEASED []

RANK AND ASN _____

ORGANIZATION (SPECIAL UNIT) _____

FULL NAME OF MOTHER (VETERAN) _____

FULL NAME OF FATHER (VETERAN) _____

FULL NAME OF MOTHER (WIDOW) _____

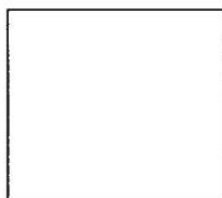
FULL NAME OF FATHER (WIDOW) _____

NAME OF CHILDREN (living and deceased) _____

PRESENT MAILING ADDRESS _____

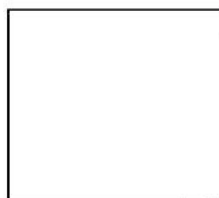
AFFIX 2X2 ID
PICTURE
RECENTLY TAKEN

THUMBMARK



LEFT

THUMBMARK



RIGHT

SIGNATURE OF CLAIMANT/VETERAN

PRINTED NAME

Republic of the Philippines
 Department of National Defense
 Philippine Veterans Affairs Office
 Camp Emilio Aguinaldo, Quezon City

Dactyloscopy Unit
 Fingerprint Form

DATE : _____

Vet/Widow: _____
 (Name of Person fingerprinted)

**FOR FINGERPRINT
 PURPOSE
 ONLY**

PLS. READ INSTRUCTIONS CAREFULLY BEFORE ACCOMPLISHING THIS FORM.

1. PVAO, FORM(S) MUST **BE FINGERPRINTED/TAKEN AT THE NEAREST NBI OFFICE, POLICE STATION OR PVAO, FIELD OFFICE TO AVOID BLURRED THUMBPRINTS.**

2. ALSO, THERE MUST BE **NO ERASURES** IN THE **SIGNATURES** ON THE FORM.

THIS IS TO CERTIFY that the following are the specimen of my **THUMB PRINTS** and known **SIGNATURES.**

C L E A R
 LEFT RIGHT

**SEVEN (7)
 LATEST SIGNATURES**

THUMB PRINTS THUMB PRINTS
ROLLED IMPRESSION

RIGHT THUMB
 PRINT BASE TO TIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

LEFT THUMB PRINT
 BASE TO TIP

NOTE: Claimant Personally Appeared.

DONE IN THE PRESENCE OF _____

SIGNATURE OVER PRINTED NAME OF **OFFICIAL**
 TAKING PRINTS

DATE _____

**THUMB PRINT SEALED OF
 DACTYLOSCOPY UNIT**

SAMPLE CLEAR THUMB PRINTS

LEFT THUMB

RIGHT THUMB

/udemecillojr



NOTE:
 FINGERPRINTS
**NEVER LIE AND
 NEVER CHANGE.**



**REMINDERS: FINGERPRINTS
 DOGMATIC PRINCIPLE - THAT
 MAN'S FINGERPRINTS ARE
IMMUTABLE (UNCHANGABLE)**