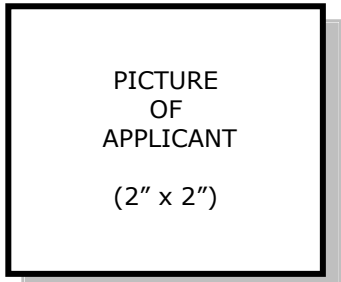




Republic of the Philippines
Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Veterans Compound, Camp General Emilio Aguinaldo
Quezon City



APPLICATION FOR GUARDIANSHIP

(READ INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM)

GUARDIAN'S INFORMATION				
FAMILY NAME	FIRST NAME	MIDDLE NAME	SUFFIX (<i>Jr., Sr., III, etc.</i>)	<p style="text-align: center;"><i>(LEAVE THIS SPACE BLANK)</i></p> <p>Claim No. :</p> <p>Received by:</p> <p>Date:</p>
DATE OF BIRTH:		PLACE OF BIRTH:		
RELATIONSHIP TO THE PENSIONER:				
PRESENT ADDRESS (<i>No./ St. Subd., Brgy/ District, Municipality/ City, Province, Zip Code</i>)				
PERMANENT ADDRESS (<i>No./ St. Subd., Brgy/ District, Municipality/ City, Province, Zip Code</i>)				

PENSIONER'S INFORMATION				
FAMILY NAME	FIRST NAME	MIDDLE NAME	SUFFIX (<i>Jr., Sr., III, etc.</i>)	<p>Herein pensioner is:</p> <p><input type="checkbox"/> <u>Mentally-Incapacitated.</u></p> <p><input type="checkbox"/> <u>Legally-Incapacitated.</u></p> <p><input type="checkbox"/> a <u>Minor.</u></p>
DATE OF BIRTH:		PLACE OF BIRTH:		

CERTIFICATION AND SIGNATURE: (READ CAREFULLY BEFORE SIGNING)

I hereby certify that:

1. The foregoing entries and attached supporting documents are true and correct;
2. I fully agree that any misrepresentation or fraud committed in connection with this application shall invalidate the same without prejudice to criminal prosecution;
3. I shall manage my ward/s pensions to serve his/her/their only interest;
4. I shall regularly report the status /state of health of my ward to PVAO every six (6) months starting _____ or as may be required;
5. I shall open an account with PVAO Servicing Bank under my name of the single purpose of receipt of pension of my ward; and
6. I shall cause the termination of this guardianship (1) upon cessation of the physical or legal incapacity of the ward; (2) when the ward is no longer under my custody and (3) when death supervened which I shall report immediately.

In witness whereof, I have hereunto set my hand this _____ day of _____ 20_____.

THUMBMARKS of the <u>PENSIONER</u>	
LEFT	RIGHT

Signature over Printed Name : _____ (Applicant)

Type of Government-Issued ID : _____

ID No. : _____

Validity/Expiration Date : _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____ at _____
affiant exhibiting to me the Residence Certificate/ Passport/ Identification Card as indicated above.

Signature of Administering Officer:
Printed Name:
Official Designation:

(PLEASE PROVIDE OTHER INFORMATION AT THE BACK)

Rev 02 S. 2021

Issued by :
Date :

FAMILY INFORMATION

FULL NAME OF VETERAN'S MOTHER: _____
FULL NAME OF VETERAN'S FATHER: _____
FULL NAME OF SPOUSE'S MOTHER: _____
FULL NAME OF SPOUSE'S FATHER: _____

CONTACT INFORMATION

LANDLINE NO.: _____ EMAIL ADDRESS: _____
MOBILE NO.: _____ FACEBOOK USERNAME: _____

DOCUMENTARY REQUIREMENTS

1. Proof of relationship to the pensioner:

- 1.1. If spouse of the pensioner, Original/ Authenticated Copy of Marriage Certificate of applicant;
- 1.2. If child of the pensioner, Original/ Authenticated Copy of Birth Certificate of applicant;
- 1.3. If brother/ sister of the pensioner, Original/ Authenticated Copy of Birth Certificate of **both** the applicant and the pensioner.
- 1.4. If grandchild of the pensioner, Original/ Authenticated Copy of Birth Certificate of applicant and any of the following: Birth/Death/Marriage Certificate of the applicant's father (if paternal-grandchild) or that of the mother (if maternal-grandchild);
- 1.5. If parent of the pensioner, Original/ Authenticated Copy of Birth Certificate of the pensioner;
- 1.6. If grandparent of the pensioner, Original/ Authenticated Copy of Birth Certificate of the pensioner and any of the following: Birth/Death/Marriage Certificate of applicant's son/ daughter (whom the pensioner is a grandchild).
- 1.7. If not related to the pensioner, Original/ Authenticated Copy of Birth Certificate of applicant and an Affidavit of Guardianship.

2. Barangay Certificate that the pensioner is under the care and custody of applicant. If abroad, same certification shall be issued by Consul;

3. Proof of Mental or Legal Incapacity or Minority

- 3.1. **For Pensioner with Mental-Incapacity:** Medical Certificate issued by any Government Hospital or Government Doctor to reflect: a) state of health of the pensioner showing finding of mental incapacity; b) duration of incapacity, if applicable; and c) such illnesses that render pensioner mentally-incapacitated
- 3.2. **For Pensioner with Legal-Incapacity or is Deprived of Liberty:** Certification issued by Bureau of Corrections/ Correctional Institute for Women, etc. that a pensioner is currently serving penalty of imprisonment with civil interdiction as a result of criminal conviction;
- 3.3. **For Pensioner under the care and custody of a Homecare Facility:** Certification from Administrator/ Director of the Homecare Facility where the pensioner is taken care of.
- 3.4. **For Pensioner of Minor Age:** Birth Certificate of the child/pensioner.

4. Picture of pensioner (together with the applicant) holding latest-issued newspaper; and

5. Photocopy of Two (2) Valid IDs of the applicant

IMPORTANT REMINDERS

1. This application form is **NOT FOR SALE**. It is provided FREE by the Philippine Veterans Affairs Office (PVAO). Do not reproduce, sell or buy this form. Only the authorize official form will be accepted by PVAO for processing;
2. **PRINT ALL ENTRIES**. The accomplished application form may be subscribed or sworn to before anyone authorized to administer oath; or before a PVAO Field Extension Officer/ PVAO Administering officer at no cost to the applicant;
3. Attached the above-mentioned documentary requirements to this application form. The applicant should affix his/her signature at the back of each document submitted;
4. Submit the accomplished application form with the prescribed documents to the Claims Division, Philippine Veterans Affairs Office, Camp Gen. Emilio Aguinaldo Quezon City or to the nearest Field Service Extension Office in your area;
5. **Online submission** is allowed under the following conditions:
 - 5.1. Documents must be color scans of the original;
 - 5.2. Scans from a photocopy are not accepted;
 - 5.3. Documents must be scanned at the original size;
 - 5.4. No part or pages of the document are missing;
 - 5.5. Scanned documents must be in one of the following formats: pdf, jpg, jpeg, tif, bmp, or png;
 - 5.6. Documents saved in the following file types will not be accepted: dot, gif, ppt or zip;
6. Electronic copies of accomplished application form and documentary requirements must be emailed to: claims.customercare@pva.gov.ph.