



Instructions: Please write all information in **CAPITAL/UPPER CASE** letter in **PARTS I to III**, using **BLUE BALLPEN**. Put a check -mark (✓) on the applicable items. **THIS FORM IS NOT FOR SALE**

OVF 1 (Revised 2025)

PART I - PERSONAL INFORMATION OF THE APPLICANT				PART IV – TO BE ACCOMPLISHED BY THE VRMO	
LAST NAME:				APPLICATION NO.:	
FIRST NAME:				AUMB-20 ___ - ___ 00- _____	
MIDDLE NAME:				APPLICATION FOR: <input type="checkbox"/> REGISTRATION	
SUFFIX:		DATE OF BIRTH:	<small>[day-month-year] (e.g. 01 Jan 1990)</small>	<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REACTIVATION	
ARE YOU A REGISTERED VOTER IN THE PHILIPPINES? <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE OF ADDRESS	
IF YES, WHERE?	<small>Municipality/City/District and Province</small>			<input type="checkbox"/> RECAPTURE OF BIOMETRICS	
RESIDENCE ABROAD: <i>[Please provide your complete address as you may be voting by mail]</i>				<input type="checkbox"/> TRANSFER between Posts or Countries – from:	
ADDRESS ABROAD:	<small>(Block/Lot/Room/Floor/Street/House/Building/Flat/Apartment)</small>			<input type="checkbox"/> CORRECTION OF ENTRY/IES OR CHANGE OF NAME – specify previous data:	
	<small>(Town/Village/Locality/Municipality/County/City/District)</small>				
STATE/PROVINCE:		<small>(State/Province/Region)</small>		Post & Country where the Applicant will be Registered	
POSTAL CODE:		P.O. BOX NO.:		POST:	
COUNTRY:				COUNTRY:	
SEX:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CIVIL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/WIDOWER	_____ PRINTED NAME & SIGNATURE OF VRMO	
STATUS ABROAD:	<input type="checkbox"/> SEAFARER <input type="checkbox"/> OVERSEAS FILIPINO WORKER		Is your Philippine Passport valid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> DUAL CITIZEN <input type="checkbox"/> DIPLOMAT/ATTACHÉ <input type="checkbox"/> IMMIGRANT		VALID UNTIL:	<small>[day-month-year] (e.g. 01 Jan 2026)</small>	
	<input type="checkbox"/> OTHERS (pls specify): _____		CONTACT NO.:		
EMAIL:			SOCIAL MEDIA:		

PART II - AUTHORIZED REPRESENTATIVE OF THE APPLICANT IN THE PHILIPPINES			
NAME:			CONTACT NO.:
ADDRESS:			EMAIL:

PART III – OATH AND APPLICATION TO VOTE OVERSEAS			
<p>I swear that the information that I have provided are true and correct; that I possess all the qualifications and none of the disqualifications of an overseas voter; that I hereby apply to vote overseas; that my name be included in the Lists of Applicants/Overseas Voters; that I give consent to have my complete name published online specifically at the COMELEC, DFA and MECO websites and their respective social media pages; and that processing of my personal data stated herein by the COMELEC is for registration, election and other purposes as may be provided by law including B.P. Blg. 881 as amended (Omnibus Election Code), RA 8189 (Voter's Registration Act of 1996), RA 9189 as amended by RA 10590 (Overseas Voting Act of 2013), RA 10367 (Mandatory Biometrics Voter Registration), and RA 10173 (Data Privacy Act of 2012).</p>			<p>SUBSCRIBED AND SWORN TO before me on the date this application was filed.</p>
			<p>JAN SHERWIN P. WENCESLAO</p>
DATE OF FILING:	<small>[day-month-year] (e.g. 01 Jan 2026)</small>	APPLICANT'S SIGNATURE: <small>(Sign in the presence of EO/AO)</small>	<p>PRINTED NAME & SIGNATURE OF ADMINISTERING/ ELECTION OFFICER</p>

PART V – APPLICANTS: DO NOT FILL OUT THIS PORTION. TO BE ACCOMPLISHED BY THE RERB MEMBERS.			
ACTION OF THE RESIDENT ELECTION REGISTRATION BOARD (RERB) AT THE: <input type="checkbox"/> OFOV <input type="checkbox"/> POST _____			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RERB DATE:		Reason for Disapproval:
<p>ARLENE B. GUARINO</p> <p>PRINTED NAME & SIGNATURE</p> <p>RERB Member</p>		<p>RALPH VINCENT C. ABARQUEZ</p> <p>PRINTED NAME & SIGNATURE</p> <p>RERB CHAIRPERSON</p>	
<p>IRENE VEE E. PACABA</p> <p>PRINTED NAME & SIGNATURE</p> <p>RERB Member</p>			

ACKNOWLEDGMENT RECEIPT		APPLICATION NO.:	AUMB-20 ___ - ___ 00- _____
APPLIC. TYPE:	<input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REACTIVATION <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> RECAPTURE OF BIOMETRICS <input type="checkbox"/> TRANSFER <input type="checkbox"/> CORRECTION OF ENTRY/IES OR CHANGE OF NAME	<p>This is to acknowledge receipt of your application. Your application is subject for Approval/Disapproval by the Resident Election Registration Board (RERB). You need not appear during the RERB hearing unless required through a written notice. If your application is disapproved, you or your authorized representative may file a Motion for Reconsideration with the RERB.</p>	
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:			
		RERB DATE:	
		VRMO:	