



Affix  
Passport

**PHLS LIBRARY REGISTRATION FORM**

Please fill and submit this form to the Library

**SECTION A**  
(PERSONAL DATA)

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

VALID ID NO: \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

**SECTION B**

(TO BE COMPLETED BY PARENTS OR GUARDIANS OF CHILDREN UNDER 18 YEARS)

NAME: \_\_\_\_\_

SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

VALID ID NO: \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_