

<b>SS NUMBER</b> 00-000000000	<b>SOCIAL SECURITY SYSTEM</b> <b>PERSONAL RECORD</b> (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)	 <b>E-1</b> (Rev. 08/94)
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<b>SURNAME (APELYIDO)</b>	<b>GIVEN NAME (PANGALAN)</b>	<b>MIDDLE NAME (GITNANG PANGALAN)</b>
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<b>ADDRESS (NO. &amp; STREET; CITY/TOWN &amp; PROVINCE)</b> (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)	<b>POSTAL CODE</b>
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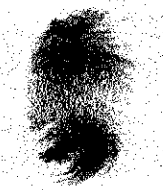
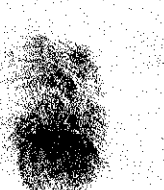
<b>SEX (KASARIAN)</b> <input type="checkbox"/> <b>MALE (ALAKI)</b> <input checked="" type="checkbox"/> <b>FEMALE (BABAE)</b>	<b>DATE OF BIRTH (KAPANGANAKAN)</b> m m d d y y	<b>CIVIL STATUS (KATAYUANG SEBI)</b> <input type="checkbox"/> <b>SINGLE (WALANG ASAWA)</b> <input type="checkbox"/> <b>MARRIED (MAY ASAWA)</b> <input type="checkbox"/> <b>WIDOWED (BALO)</b>
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**BENEFICIARIES (MAKIKINABANG)**

<b>SPOUSE (ASAWA)</b>	<b>FATHER (AMA)</b>
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<b>CHILDREN (MGA ANAK)</b>	<b>DATE OF BIRTH (KAPANGANAKAN)</b> m m d d y y	<b>MOTHER (INA)</b>
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OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)	
NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1. <u>John Deming</u>	<u>Spouse</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<b>THUMBMARK</b>	<b>I hereby certify that the above (Ako ay nagpapatunay na ang aking mga isinaad information are true and correct. ay totoo at tama.)</b>
 <b>LEFT (KALIWA)</b>	 <b>RIGHT (KANAN)</b>
	<b>Signature (Lagda)</b>

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PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)