**MABALACAT CITY COLLEGE**

Rizal St., Dolores, Mabalacat City, Pampanga

**REQUEST FOR CORRECTION OF NAME/DATE OF BIRTH/PLACE OF BIRTH**

**TO BE FILLED OUT BY THE APPLICANT**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME/DATE OF BIRTH/PLACE OF BIRTH TO BE CORRECTED:**

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Incorrect name or date of birth or place of birth USED)

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Appearing in Birth Certificate issued by PSO)

***“By signing this form, I give my consent to the collection, use, disclosure and processing of my personal and/or sensitive information.”***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature

**Requirements:**

 Birth Certificate Original

 Personal Affidavit (Xerox Copy only)

 Joint of Affidavit of Two (2) Disinterested Persons (Xerox Copy only)

***MCC Reg Form No. 21***