

**ARMED FORCES OF THE PHILIPPINES EDUCATIONAL BENEFIT SYSTEM OFFICE (AFPEBSO)**

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PARENT / GUARDIAN INFORMATION SHEET*Read the instructions carefully. All blanks should be filled up. Please print or write legibly.***INSTRUCTIONS:**

1. Fill-up all applicable entries of this Information Sheet and place NA if not applicable.
2. Submit to the Customer Service Staff in-charge of the area (Luzon, NCR, Visayas, Mindanao).

INFORMATION ON PARENT/GUARDIAN

1. AREA:	Luzon	NCR	Visayas	Mindanao			
2. NAME OF GUARDIAN:							
(Surname)		(First Name)		(Middle Name)			
3. RELATIONSHIP TO AFP / CAA MEMBER:							
4. RELATIONSHIP TO APPLICANT :							
5. CURRENT MAILING ADDRESS:							
City Address:							
Phone:							
Provincial Address:							
Phone:							
Cell phone:			Email address:				
6. DATE OF BIRTH:			7. PLACE OF BIRTH:				
8. SEX:	Male	Female	9. CIVIL STATUS:	10. RELIGION:			
11. EDUCATIONAL LEVEL:		ELEM	HS	College	Post-Graduate	Tech/Voc	Short Course
12. YEAR LEVEL:			13. COURSE:				
14. SOCIAL NETWORKING (Check if applicable)			FACEBOOK:	TWITTER:	MULTIPLY:		

**LATEST 2x2 PHOTO
OF
PARENT/GUARDIAN**
*(Make sure your full name is
written on the back for
identification should the photo
become accidentally detached.)*

INFORMATION OF AFP / CAA MEMBER

1. AFP / CAA MEMBER:							
(Surname)		(First Name)		(M.I.)	(Rank)	(AFP SN)	(Branch of Service)
2. MILITARY STATUS:							
KIA	CDD (Combat)	CDD (Non-Combat)	Deceased	LOD	Active	Soldier With Disability	
3. DATE OF DEATH / CDD:							
4. PRESENT (for active) or LAST (for CDD) UNIT ASSIGNMENT:							
5. CURRENT MAILING ADDRESS:							
Phone:		Cell phone:		Email address:			
6. DATE OF BIRTH:			7. PLACE OF BIRTH:				
8. SEX:	Male	Female	9. CIVIL STATUS:	10. NR. OF DEPENDENTS:			
NAME OF LEGAL DEPENDENTS:		AGE:	YEAR LEVEL:	EDUCATIONAL PROGRAM AVAILED:			
1.							
2.							
3.							
4.							
5.							

It is understood that the information supplied above are true and correct to the best of my knowledge. Any false entry herein shall be a ground for the disqualification and/or termination of the educational benefit grant.

SIGNATURE OF AFP/CAA MEMBER OR GUARDIAN

(Over Printed Name)

Received by AFPEBSO Personnel (Name & Signature):	
Date Received:	

NOTE: PLEASE ATTACH ONE (1) POSTCARD SIZE PICTURE OF PARENT/GUARDIAN WITH THE APPLICANT