



# Bureau of Corrections

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NBP-PR-001-F006

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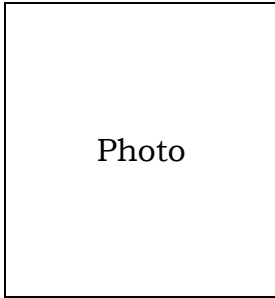
Effectivity Date  
01/05/2018

## REGISTRATION SHEET FORM

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### REGISTRATION SHEET

Name \_\_\_\_\_



Prison No: \_\_\_\_\_

B- \_\_\_\_\_

Age: \_\_\_\_\_

Alias: \_\_\_\_\_

Occupation:

Knowledge

Skills \_\_\_\_\_

Crime/s: \_\_\_\_\_

Case/s No: \_\_\_\_\_

### SENTENCE

Minimum Sentence

:

Maximum Sentence

:

Indemnity: \_\_\_\_\_

Fine: \_\_\_\_\_

Commencing:

Date \_\_\_\_\_

Confined: \_\_\_\_\_

Co-Accused: \_\_\_\_\_

Court: \_\_\_\_\_

No of Convictions: \_\_\_\_\_

No of Committal: \_\_\_\_\_

Date of Crime

Committed: \_\_\_\_\_

### PERSONAL INFORMATION

Religion: \_\_\_\_\_

Civil Status: \_\_\_\_\_

Nationality: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Place of

Birth: \_\_\_\_\_

Educational Attainment:

*Level or Course Taken:* \_\_\_\_\_


Father's Name: \_\_\_\_\_

Mother's

Name: \_\_\_\_\_

Spouse/ CLW: \_\_\_\_\_

No of Children: \_\_\_\_\_

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Nearest Kin:

*Relationship:*

*Address:*

Gang

Mark:

Hobbies:

Pending

Case:

Drug History Y/N? If Yes

specify:

*Crime committed under the influence of Drugs Y/N? If YES specify:*

Ailment:

Date Committed at

ARPDMD:

Type of

Custody:

Note:

Certified Correct:

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Receiving Officer