

Republic of the Philippines
COMMISSION ON ELECTIONS
Province of _____
City/Municipality of _____
_____ Legislative District

ANNEX "C"

OFFICE OF THE ELECTION OFFICER

VERIFICATION REPORT

No.	NAME OF PETITIONER <i>(Last Name, First Name and Middle Name)</i>	PRECINCT NO. AND BARANGAY	REGISTERED VOTER WITH ACTIVE RECORD		SIMILAR / IDENTICAL SIGNATURE / THUMBMARK		DATE VERIFIED
			YES	NO	YES	NO	
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Certified Correct:

Election Officer / Acting Election Officer

DATE: _____

(Note to EOs/AEOs: Please affix your signature on every page of the Report.)