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 **Registry of Deeds for**

**INFORMATION REQUEST FORM**

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 **EPEB No.**

*To be filled up by Requester*

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| **Requester’s Name:** *(Last Name, First Name, Middle Name)* | **Date:** |
| **Requester’s Address:** *(House/Lot/Blk#, Street, Subd/Vill./ Brgy., City/Mun., Province)* | **Contact Details:** *(Information is required in case of further queries/clarification by the RD)***Tel./Mobile No.:****E-mail Address:** |
| **Purpose of Request:**  |
| **For Priority Lane:**  **❑ Senior ❑ PWD ❑ Pregnant Sex: ❑ Female ❑ Male Age:**  |
| **Request: ❑ Certified True Copy Parcel Verification Service Title Trace Back** **❑ Certification ❑** With Lot Configuration **❑** Up to OCT **❑ Verification ❑** With Lot Location Plan **❑** Up to \_\_\_\_\_\_\_ generations *(State no. of generations requested)* |
| **For Titles**  |
| **Title Type and No.** | **Name (Owner/Spouse/Guardian)** | **Plan, Block and Lot Numbers** | **Number of Copies** |
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| **Types of Certification:** |
| **For Supporting Documents** |
| **Document Type** | **Title Type and No.** | **Entry Number/Date** | **Number of Copies** |
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| **For Chattel Mortgage/Unregistered Land/Personal Properties** |
| **Inception Number** | **Name****(Owner/Mortgagor/Mortgagee)** | **Plan, Block and Lot Numbers** | **Number of Copies** |
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 Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_