



**Elderly Welfare Section**  
**BLU CARD PROGRAM**  
**DATA CHANGE REQUEST**

Date Filed: \_\_\_\_\_

**PART I: TO BE FILLED IN BY MEMBER**

**A. PERSONAL DATA:**

BLU CARD NO: \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Middle Name Surname  
Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Birthday: \_\_\_\_\_ Contact No/s: \_\_\_\_\_  
(mm/dd/yyyy) Landline / Cellphone  
Address: \_\_\_\_\_  
(Rm./Flr./Unit No. & Bldg. Name) (House/Blk. & Lot Nos.)  
(Barangay) (City)

**B. DATA CHANGE/CORRECTION/UPDATING**



**B.1. CORRECTION OF NAME**

FROM

TO



**B.2. CORRECTION OF DATE OF BIRTH**

(mm/dd/yyyy)

(mm/dd/yyyy)



**B.3. CHANGE OF ADDRESS**

Note: Required to submit a barangay clearance to the new address given. Subject for home visitation before approval.

**Previous Address**

**Present Address**

Rm./Flr./Unit No. & Bldg. Name

House/ Blk & Lot Nos.

Barangay

Date transferred to present address: \_\_\_\_\_  
(mm/dd/yyyy)



**B.4. CHANGE/UPDATING CONTACT INFORMATION**

(Indicate the telephone/cellphone nos. and the contact person in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No. /s: \_\_\_\_\_



**B.5. ADDITIONAL / CHANGE BENEFICIARIES**

Maximum of three (3) immediate family or relatives. Minor age is not qualified.

FROM			TO		
Name	Age	Relationship	Name	Age	Relationship



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☐ B.6. CHANGE OF PHYSICAL/HEALTH STATUS

Note: (Present Latest Medical Certificate and Whole Body Picture with Latest newspaper on hand.)



Bedridden



PWD

C. CHANGE CARD DUE TO :



Wrong Blucard Number

From: \_\_\_\_\_

To: \_\_\_\_\_



Dilapidated / Worn Out



Old I.D.



Lost Card

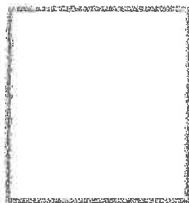
➤ Affidavit of Lost

➤ Authorization Letter (Needed, if card holder is bedridden,  
PWD or confined in the hospital.)

I hereby attest that this form has been made in good faith and to the best of my knowledge and belief. I also certify that the above information is true and correct.

\_\_\_\_\_  
Print Name and Signature of BLU Cardholder

Note: If member cannot sign, affix thumbprint.



Right Thumb mark

Witness to fingerprint:

\_\_\_\_\_  
Print Name and Signature

Contact No.: \_\_\_\_\_

REMINDER

- For Correction of Name and/or Date of Birth – submit a photocopy of the birth certificate after presenting the Original copy issued by the City/Municipal Civil Registrar of the Philippine Statistics Authority (PSA).
- Submission of this request form should be done personally by the Blu Cardholder.  
If the blu cardholder is a.) bedridden b.) PWD or c.) confined in the hospital, may authorize any of his/her three (3) designated beneficiaries indicated at the back of the blu card.

For MSWD – Elderly Personnel Use:

Received by: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Signature

Date / Time: \_\_\_\_\_

Encoded by: \_\_\_\_\_

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

\_\_\_\_\_  
ANA MARIE R. CORTEZ, RSW

Staff In-Charge

Elderly Welfare Section

\_\_\_\_\_  
MARIBEL M. LUMANG, RSW

Officer-In-Charge

Makati Social Welfare Department

MAC (Makati Action Center):

Home-visit Conducted by: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

\_\_\_\_\_  
MAC Employee