

THIS FORM IS NOT FOR SALE

DATE OF APPLICATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**INSTRUCTIONS:** Please PRINT entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Tick (✓) boxes as appropriate.

<b>CAPTURE SITE PRE-PROCESSING (Do not write on this part)</b>		
APPOINTMENT VERIFICATION:		REMARKS:
<b>PASSPORT APPLICANT'S INFORMATION</b>		
1. LAST NAME		
<input type="text"/>		
2. FIRST NAME		
<input type="text"/>		
3. MIDDLE NAME or MAIDEN LAST NAME		
<input type="text"/>		
4. SEX	5. DATE OF BIRTH (ex. 01 Jan 2017)	6. PLACE OF BIRTH
<input type="checkbox"/> MALE	<input type="text"/>	<i>If born in the PHL: Municipality/City &amp; Province</i>
<input type="checkbox"/> FEMALE	D D M M M Y Y Y Y	<i>If born outside the PHL: Country</i>
7. CIVIL STATUS	8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?	8b. DID YOU EVER LOSE YOUR PH CITIZENSHIP?
<input type="checkbox"/> SINGLE	<input type="checkbox"/> BY BIRTH	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MARRIED	<input type="checkbox"/> BY NATURALIZATION	8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WIDOW/ER	<input type="checkbox"/> BY RE-ACQUISITION (RA no. 9225)	8d. IF YES, FROM WHAT COUNTRY? _____
<input type="checkbox"/> NULLIFIED / ANNULLED	<input type="checkbox"/> BY ELECTION	8e. HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> BY LEGISLATION	IF Yes, what country? _____
<b>APPLICANT'S CONTACT INFORMATION</b>		
9a. PRESENT ADDRESS:		
<input type="text"/>		
9b. HOME ADDRESS:		
<input type="text"/>		
10. WHERE DO YOU WISH YOUR PASSPORT TO BE DELIVERED?		
<input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> HOME ADDRESS		
11. TELEPHONE/MOBILE NUMBER:		
<input type="text"/>		
12. EMAIL ADDRESS:		
<input type="text"/>		

<b>13. APPLICANT'S SPOUSE'S NAME:</b>		
<b>14a. PERSON TO CONTACT IN CASE OF EMERGENCY:</b>		<b>14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:</b>
<b>PARENTAL INFORMATION</b>		<b>CURRENT PASSPORT DETAILS</b>
<b>15.FATHER'S DETAILS</b> Last Name:	<b>16. MOTHER'S DETAILS (MAIDEN INFORMATION)</b> Last Name:	<b>17a.PASSPORT NUMBER</b>
First Name:	First Name:	<b>17b.DATE OF ISSUE</b>
Middle Name:	Middle Name:	<b>17c.DATE OF EXPIRY</b>
<b>Citizenship</b> ( <i>at time of applicant's birth</i> )	<b>Citizenship</b> ( <i>at time of applicant's birth</i> )	<b>17d.ISSUING AUTHORITY</b>
<b>STATUS OF CURRENT PASSPORT</b>		
<b>19. Please choose as applicable:</b> <input type="checkbox"/> <b>Passport Intact</b> <input type="checkbox"/> <b>Damaged Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Explanation</li> </ul>		
<input type="checkbox"/> <b>Lost Valid Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Loss</li> <li>• Police Report in English</li> </ul> <input type="checkbox"/> <b>Lost Expired Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Explanation</li> </ul>		
<b>DECLARATION OF APPLICANTS</b>		
<p><b>I HEREBY DECLARE AND AFFIRM</b> that 1) I am a Filipino citizen. 2) The information provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to its use for any lawful purpose. 5) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 6) I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time. 7) I am aware that making false statements in this passport application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application. 8) I understand and accept that the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs.</p>		
<hr/> <b>20. SIGNATURE OVER PRINTED NAME</b>		<hr/> <b>21. DATE (ex. 01 Jan 2020)</b>
<b>DO NOT WRITE BELOW THIS LINE. FOR THE CONSULATE USE ONLY.</b>		
<b>REMARKS:</b>	<b>PASSPORT WATCHLIST VERIFICATION:</b>	<b>RETURNED CANCELLED PASSPORT - SIGNATURE OF APPLICANT:</b>
<b>PROCESSOR'S SIGNATURE:</b>	<b>ENCODER'S SIGNATURE:</b>	
<b>OFFICIAL RECEIPT/PAYMENT SLIP NO:</b>	<b>DATE OF TRANSACTION:</b>	

END