

NEW REGULAR PASSPORT APPLICATION (Adult)

THIS FORM IS NOT FOR SALE

DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs Last Revision: 07 October 2017

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 (v) boxes as appropriate.

Site: **PE ISB**

Date/Time:

Booking Reference no.: 0123456789101112

CAPTURE SITE PRE-PROCESSING (Do not write on this part)

APPOINTMENT VERIFICATION:

REMARKS:

PASSPORT APPLICANT'S INFORMATION

1. LAST NAME

2. FIRST NAME

3. MIDDLE NAME or MAIDEN LAST NAME

4. SEX

 MALE FEMALE

5. DATE OF BIRTH (ex. 01 Jan 2017)

D D M M M Y Y Y Y

6. PLACE OF BIRTH

(For born in the PHL: Municipality/City & Province
For born outside the PHL: Country)

7. CIVIL STATUS

 SINGLE MARRIED WIDOW/ER NULLIFIED /

ANNULLED

 DIVORCED

8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?

 BY BIRTH BY NATURALIZATION BY RE-ACQUISITION (RA 9225) BY ELECTION BY LEGISLATION8b. DID YOU EVER LOSE YOUR PH
CITIZENSHIP? YES NO8c. ARE YOU CURRENTLY A CITIZEN OF
ANOTHER COUNTRY? YES NO

8d. IF YES, FROM WHAT COUNTRY?

8e. HAVE YOU SERVED IN ANY FOREIGN
MILITARY? YES NO

IF Yes, what country?

APPLICANT'S CONTACT INFORMATION

9a. HOME ADDRESS:

9b. PRESENT ADDRESS:

10. WHERE DO YOU WISH YOUR PASSPORT TO BE DELIVERED?

 HOME ADDRESS PRESENT ADDRESS

11. TELEPHONE/MOBILE NUMBER:

12. e-MAIL ADDRESS:

13. APPLICANT'S SPOUSE'S NAME:		
14a. PERSON TO CONTACT IN CASE OF EMERGENCY:	14b. TEL/MOBILE NO.:	
PARENTAL INFORMATION		
15. FATHER'S DETAILS	16. MOTHER'S DETAILS	
Last Name:	Last Name:	
First Name:	First Name:	
Middle Name:	Middle Name:	
Citizenship (at time of applicant's birth)	Citizenship (at time of applicant's birth)	
DECLARATION OF APPLICANT		
<p>I HEREBY DECLARE AND AFFIRM 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>		
17. SIGNATURE OVER PRINTED NAME	18. DATE (ex. 01 Jan 2017)	
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.		
PROOF OF PHL CITIZENSHIP <input type="checkbox"/> BIRTH CERTIFICATE from PHL Statistics Authority <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE OF CITIZENSHIP <input type="checkbox"/> ELECTION OF PHL CITIZENSHIP <input type="checkbox"/> Others: _____	IDENTITY DOCUMENT SUBMITTED <input type="checkbox"/> COMELEC Voter's ID <input type="checkbox"/> LTO Driver's License <input type="checkbox"/> Professional Regulatory Commission ID <input type="checkbox"/> Unified Multipurpose ID (UMID) <input type="checkbox"/> PWD ID <input type="checkbox"/> GSIS / SSS ID <input type="checkbox"/> Senior Citizen's ID <input type="checkbox"/> Others: _____	SUPPORTING DOCUMENTS <input type="checkbox"/> Marriage Certificate from PHL Statistics Authority <input type="checkbox"/> Voter's Registration Record <input type="checkbox"/> Court Order <input type="checkbox"/> NBI Clearance <input type="checkbox"/> Others: _____
REMARKS: <input type="checkbox"/> LOST VALID PASSPORT <input type="checkbox"/> LOST EXPIRED PASSPORT		PASSPORT WATCHLIST VERIFICATION: <input type="checkbox"/> NO HIT <input type="checkbox"/> WITH HIT
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:
OFFICIAL RECEIPT/PAYMENT SLIP NO.:		DATE OF TRANSACTION:

END