

RENEWAL REGULAR PASSPORT APPLICATION FORM (Adult)

DEPARTMENT OF FOREIGN AFFAIRS

THIS FORM IS NOT FOR SALE

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 (✓) boxes as appropriate.

Site: WASHINGTON DC
Date/Time:
Booking Reference no.:

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

APPOINTMENT VERIFICATION:	REMARKS:
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PASSPORT APPLICANT'S INFORMATION

1. LAST NAME

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2. FIRST NAME

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3. MIDDLE NAME or MAIDEN LAST NAME

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4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 Jan 2017) <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33.33%; border: 1px solid black;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> DD </td> <td style="width: 33.33%; border: 1px solid black;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> MMM </td> <td style="width: 33.33%; border: 1px solid black;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> YYYY </td> </tr> </table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> DD			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> MMM					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table> YYYY					6. PLACE OF BIRTH <small>(For born in the PHL: Municipality/City & Province For born outside the PHL: Country)</small> _____
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7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> NULLIFIED / ANNULLED <input type="checkbox"/> DIVORCED	8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION (RA no. 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION	8b. DID YOU EVER LOSE YOUR PH CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8d. IF YES, FROM WHAT COUNTRY? _____ 8e. HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF Yes, what country? _____
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APPLICANT'S CONTACT INFORMATION

9a. PRESENT ADDRESS:

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9b. HOME ADDRESS:

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

PRESENT ADDRESS HOME ADDRESS

11. TELEPHONE/MOBILE NUMBER:

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12. e-MAIL ADDRESS:

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13. APPLICANT'S SPOUSE'S NAME:		
14a. PERSON TO CONTACT IN CASE OF EMERGENCY:		14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:
PARENTAL INFORMATION		CURRENT PASSPORT DETAILS
15. FATHER'S DETAILS Last Name:	16. MOTHER'S DETAILS Last Name:	17a. PASSPORT NUMBER
First Name:	First Name:	17b. DATE OF ISSUE
Middle Name:	Middle Name:	17c. DATE OF EXPIRY
Citizenship <i>(at time of applicant's birth)</i>	Citizenship <i>(at time of applicant's birth)</i>	17d. ISSUING AUTHORITY
STATUS OF CURRENT PASSPORT		
19. Please choose as applicable:		
<input type="checkbox"/> Passport Intact	<input type="checkbox"/> Lost Valid Passport <ul style="list-style-type: none"> • Affidavit of Loss • Police Report in English 	
<input type="checkbox"/> Damaged Passport <ul style="list-style-type: none"> • Affidavit of Explanation 		<input type="checkbox"/> Lost Expired Passport <ul style="list-style-type: none"> • Affidavit of Explanation
DECLARATION OF APPLICANTS		
<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>		
_____		_____
20. SIGNATURE OVER PRINTED NAME		21. DATE (ex. 01 Jan 2017)
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.		
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:
PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:	
OFFICIAL RECEIPT/PAYMENT SLIP NO:	DATE OF TRANSACTION:	

END