

PHILIPPINE CONSULATE GENERAL
3600 Wilshire Boulevard, Suite 500
Los Angeles, CA 90010

APPLICATION FOR AMENDMENT OF PASSPORT

Name _____ (LAST) (FIRST) (FULL MIDDLE)

United States address _____

Tel. No. () _____

Philippine address _____

Passport No. _____ Date of issue _____

Place of issue _____

Check visa/immigration status () permanent resident () tourist () seamen
() contract worker () student () others specify _____

Are you a Philippine government official or employee? () Yes () No

Specify the amendment or changes requested:

I HEREBY CERTIFY UNDER PENALTY OF LAW TO THE TRUTH AND CORRECTNESS OF THE ABOVE STATEMENTS AND THAT THIS APPLICATION WAS PREPARED BY ME PERSONALLY OR UNDER MY PERSONAL DIRECTION.

_____ Date

_____ Signature of Applicant

Official Receipt No. _____

Service No. _____

Fee Paid: \$ _____

_____ Processing Officer

_____ Signing Officer

FOR OFFICIAL USE ONLY:
Received Passport No. _____ issued on _____ in _____
By _____ Date of receipt of passport _____
Mailed on _____ By _____