

<p align="center">DEPENDENT MINOR CHILD NO. 1</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">DO NOT PASTE OR STAPLE PHOTOS; STORE THEM IN PHOTO POUCH OR FOLDER</p> <p align="center">FRONT VIEW</p>	<p align="center">DEPENDENT MINOR CHILD NO. 2</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">DO NOT PASTE OR STAPLE PHOTOS; STORE THEM IN PHOTO POUCH OR FOLDER</p> <p align="center">FRONT VIEW</p>	<p align="center">DEPENDENT MINOR CHILD NO. 3</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">DO NOT PASTE OR STAPLE PHOTOS; STORE THEM IN PHOTO POUCH OR FOLDER</p> <p align="center">FRONT VIEW</p>
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25. INFORMATION ON CHILDREN INCLUDED IN PETITION ■ The following details about each dependent minor child included in the petition shall be provided below. (If there are more than three dependent children included in the petition, reprint/photocopy this page.)

	CHILD 1	CHILD 2	CHILD 3
25a. LAST NAME (surname or family name)			
25b. FIRST NAME (given names)			
25c. MIDDLE NAME (mother's maiden surname, or applicant's maiden surname)			
26. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
27. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
28. DATE OF BIRTH	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR
29. PLACE OF BIRTH (town or city, province or state, country)			
30. COUNTRIES OF CITIZENSHIP			
31. COUNTRY OF PERMANENT RESIDENCE			
32. SUPPORTING DOCUMENTS			

CERTIFICATION

I hereby certify under oath that all the information in this Application for Re-acquisition/Retention of Philippine Citizenship, composed of two pages, including the page on which this Certification is written, are true and correct. I further warrant that I have complied with all the requirements, and that I have presented certified true copies of documents issued under the official seal of the officer having legal custody of the originals in the Philippines, and in case of foreign documents, with their official translation into English duly authenticated by the Consul/Embassy official of the Foreign Service of the Philippines in the issuing country, and submitted four (4) photocopies of each of said documents. I understand that my application shall not be processed if any statement herein made is found to be false, if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements of the Bureau of Immigration with respect to my Application/Petition, without prejudice to whatever action(s) the Bureau of Immigration shall take in accordance with applicable laws of the Republic of the Philippines.

DATE OF APPLICATION

APPLICANT'S SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____,

at _____, the affiant exhibited to me his/her passport/identification no. _____

_____ issued at _____, on _____.

NOTARY PUBLIC

CONSUL