

**FOREIGN SERVICE OF THE PHILIPPINES
CONSULATE GENERAL OF THE PHILIPPINES
LOS ANGELES, CALIFORNIA**

(Applicant's Signed
Photograph)

**APPLICATION FOR IMMIGRANT VISA
QUOTA / NON-QUOTA**

Surname	First Name	Middle Name	Sex												
			<input type="checkbox"/> Male <input type="checkbox"/> Female												
Date of Birth			Citizenship												
Place of Birth															
Civil Status		If married state name and address of spouse													
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed															
Applicant's Address (es) for the past 5 years			Since												
Occupation			Since												
Father's Name			Mother's Name												
Place Where Applicant intends to settle															
Occupation to be pursued		Name and address of employer, if any													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Nearest relatives in the Philippines</th> <th style="width:35%;">Address</th> <th style="width:30%;">Relationship</th> </tr> <tr> <th style="text-align:center;">Name</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Nearest relatives in the Philippines	Address	Relationship	Name								
Nearest relatives in the Philippines	Address	Relationship													
Name															
INSTRUCTIONS: This form should be filed out in duplicate, the original to be given to the applicant and the duplicate copy to be filed at the consulate.															
Have you ever been Institutionalized for any mental disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes (state when and where) _____ _____															
Do you have a physical defect? <input type="checkbox"/> No <input type="checkbox"/> Yes (state nature) _____															
Are you afflicted with any contagious disease? <input type="checkbox"/> No <input type="checkbox"/> Yes (state nature) _____															
Have you ever been convicted of any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (state when, where and nature) _____															

On what basis do you claim to be Preference Quota Immigrant
 Non-Quota Immigrant

State facts on which you base your claim: _____

Have you ever been refused a visa of any kind at a Philippine diplomatic or consular office, or been denied admission into the Philippines, or been deported or removed at government expense from the Philippines?

No
 Yes (state circumstances) _____

I understand that I may only enter the Philippines at a port of entry designated by the Philippine Immigration authorities and with the permission of and under the conditions, including the giving of bond, imposed by those authorities.
I solemnly swear that the foregoing statements are true to the best of my knowledge and belief.

(Signature of applicant)

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

(SEAL)

Cónsul of the Republic of the Philippines

PHILIPPINE IMMIGRANT VISA NO. _____

Quota Immigrant
Quota No. _____

Non-Quota Immigrant under
Section _____ of the
Philippine Immigration Act. of 1940, as amended.

ISSUED TO: _____

DATE: _____

NATIONALITY: _____

VALID UNTIL: _____

Bearer has the following travel document:

Type: _____ Date of Issue: _____

Passport No. _____ Valid Until: _____

Issued by _____

Fee Paid: _____

Cónsul of the Republic of the Philippines

O.R. No. _____

Service No. _____