

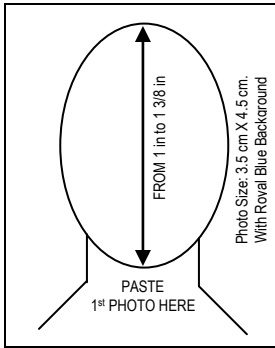


PASSPORT APPLICATION

Revised September 2008 (USA)

THIS FORM IS NOT FOR SALE

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY, THUMBMARKS PRINTED CLEARLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED. FOR ENTRIES NOT APPLICABLE WRITE N/A.



1. LAST NAME (surname or family name)	PLACE APPLICANT'S THUMBMARKS HERE	
2. FIRST NAME (given name(s) written on birth certificate)	LEFT THUMB	RIGHT THUMB
3. MIDDLE NAME (mother's maiden surname, or if married, applicant's maiden name)		

4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (DD-MMM-YYYY)
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6. PLACE OF BIRTH (town or city, province or state, country)
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7. ADDRESS IN THE U.S. OR COUNTRY OF RESIDENCE
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8. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	8a. SPOUSE NAME
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9a. NAME OF APPLICANT'S FATHER	9b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH
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10a. NAME OF APPLICANT'S MOTHER	10b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH
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11. APPLICATION TYPE <input type="checkbox"/> REPLACEMENT OF LOSS PASSPORT <input type="checkbox"/> NEW PASSPORT <input type="checkbox"/> RENEWAL OF PASSPORT	11a. PREVIOUS PASSPORT NUMBER
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11b. PREVIOUS DATE OF ISSUANCE	11c. PREVIOUS PLACE OF ISSUANCE
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12. HOW PHILIPPINE CITIZENSHIP WAS ACQUIRED? <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> R.A. 9225 <input type="checkbox"/> OTHERS: _____

13. OCCUPATION

14. WORK ADDRESS

15. CONTACT INFORMATION (tel. no. and/or e-mail address)	16. PURPOSE OF TRAVEL
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17. ADDRESS IN THE PHILIPPINES

18. SUPPORTING DOCUMENTS SUBMITTED: <input type="checkbox"/> OLD PASSPORT <input type="checkbox"/> MARRIAGE CERTIFICATE / CONTRACT <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> AFFIDAVIT OF LOSS <input type="checkbox"/> OTHERS: _____

19a. IS THIS APPLICATION TO BE FILED BY ANOTHER PERSON OR ENTITY ON YOUR BEHALF? (FOR APPLICANTS 8 YEARS OLD AND BELOW AND 65 YEARS AND OLDER) <input type="checkbox"/> YES <input type="checkbox"/> NO

19b. IF YES, INDICATE NAME, ADDRESS AND RELATIONSHIP TO APPLICANT OF AUTHORIZED REPRESENTATIVE.	19c. SIGNATURE OF AUTHORIZED REPRESENTATIVE
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FOR OFFICIAL USE ONLY		
NEW PASSPORT NUMBER		
DATE OF ISSUE	DATE OF EXPIRY	
EVIDENCE OF APPLICANT'S CITIZENSHIP <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Report of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Others: _____		
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER
SIGNING OFFICER		
FEE	O.R. NO.	
SERVICE NO.		
REMARKS		
DATE DUE	TIME DUE	
PASSPORT RELEASED TO:		
PRINTED NAME AND SIGNATURE		
DATE RECEIVED / MAILED:		
MAIL / COURIER TRACKING NO.		

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that I am a Filipino; I am the person in the attached photograph; the thumb prints on this form are mine; the statements made on this Application Form are true and correct; and the attached supporting documents are authentic.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

