

RENEWAL REGULAR PASSPORT APPLICATION FORM (Adult)

DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs Last Revision: 07 October 2017

THIS FORM IS NOT FOR SALE

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.

**PHILIPPINE CONSULATE GENERAL
LOS ANGELES, CALIFORNIA**

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

APPOINTMENT VERIFICATION:

REMARKS:

PASSPORT APPLICANT'S INFORMATION

1. LAST NAME

2. FIRST NAME

3. MIDDLE NAME or MAIDEN LAST NAME

4. SEX

☐ MALE☐ FEMALE

5. DATE OF BIRTH (ex. 01 Jan 2017)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	M	Y	Y	Y

6. PLACE OF BIRTH

(For born in the PHL: Municipality/City & Province
For born outside the PHL: Country)

7. CIVIL STATUS

☐ SINGLE☐ MARRIED☐ WIDOW/ER☐ NULLIFIED*/

ANNULLED*

☐ DIVORCED*

*recognized by a PH Court, when applicable.

8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?

☐ BY BIRTH☐ BY NATURALIZATION☐ BY RE-ACQUISITION (RA no. 9225)☐ BY ELECTION☐ BY LEGISLATION

8b. DID YOU EVER LOSE YOUR PH CITIZENSHIP?

☐ YES ☐ NO8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? ☐ YES ☐ NO

8d. IF YES, FROM WHAT COUNTRY?

8e. HAVE YOU SERVED IN ANY FOREIGN

MILITARY? ☐ YES ☐ NO

IF Yes, what country?

APPLICANT'S CONTACT INFORMATION

9a. PRESENT ADDRESS:

9b. HOME ADDRESS:

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

☐ PRESENT ADDRESS☐ HOME ADDRESS

(MAKE SURE YOU HAVE A SELF-ADDRESSED ENVELOPE WITH SUFFICIENT PREPAID POSTAGE FEES)

11. TELEPHONE/MOBILE NUMBER:

12. e-MAIL ADDRESS:

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	16. MOTHER'S DETAILS	17a. PASSPORT NUMBER
Last Name:	Last Name:	
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"/> Damaged Passport • Affidavit of Explanation		<input type="checkbox"/> Lost Valid Passport • Affidavit of Loss • Police Report in English <input type="checkbox"/> Lost Expired Passport • 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