



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

(Revised SEP 2018) (PCGLA)

PETITION NO DATE FILED ORDER OF APPROVAL/DENIAL NO. DATE OF APPROVAL/DENIAL	INSTRUCTION This application form should be accomplished completely and submitted together with the original and one (1) photocopy of all supporting documents	THREE (3) 2" x 2" Colored Photos plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face Please paste one photo here FRONT VIEW	FEES: [] Principal \$ 50.00 [] Derivative _____ x \$25.00 = \$ _____ TOTAL: \$ _____
1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH			
1a. LAST NAME (surname or family name) _____			
1b. FIRST NAME (given names) _____		1c. MIDDLE NAME (mother's maiden surname) _____	
2. ARE YOU USING A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME CURRENTLY USED			
2a. LAST NAME (surname or family name) _____		2b. FIRST NAME (given names) _____	2c. MIDDLE NAME _____
2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME _____		DISTINGUISHING MARKS ON FACE _____	
3. DATE OF BIRTH			
DAY _____	MONTH (write whole word) _____	YEAR _____	4. PLACE OF BIRTH (town or city, province or state, country) _____
5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. CIVIL STATUS _____	7. HEIGHT (m) _____
		8. WEIGHT (kg) _____	
9a. NAME OF SPOUSE (last name, first name, full middle name) _____		9b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION _____	
10a. NAME OF APPLICANT'S FATHER (last name, first name, full middle name) _____		10b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____	
11a. NAME OF APPLICANT'S MOTHER (last name, first name, full middle name) _____		11b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____	
12. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHERS (specify) _____			
13a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS (specify all) _____		13b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS (specify all) _____	
14a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS (day / month / year) _____		14b. NATURALIZATION CERTIFICATE NUMBERS _____	
15a. FOREIGN PASSPORT NO. / VALID FOREIGN GOV'T ISSUED ID NO. _____		15b. DATE AND PLACE OF ISSUANCE OF ID (day/ month/ year) _____	
16. SUPPORTING DOCUMENTS SUBMITTED: <input type="checkbox"/> NSO/PSA BIRTH CERTIFICATE <input type="checkbox"/> REPORT OF BIRTH FROM A PH CONSULATE/EMBASSY <input type="checkbox"/> CERTIFICATE OF LIVE BIRTH FROM LCR <input type="checkbox"/> OLD PHILIPPINE PASSPORT <input type="checkbox"/> PHILIPPINE MARRIAGE CERTIFICATE <input type="checkbox"/> FOREIGN NATURALIZATION CERTIFICATE <input type="checkbox"/> FOREIGN PASSPORT <input type="checkbox"/> OTHERS (specify) _____			
17. PHILIPPINE PERMANENT ADDRESS (house no., street, town or city, state, country, postal zone) _____			
18. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone) _____			
19. HOME TELEPHONE NO. _____	20. E-MAIL ADDRESS/FAX NO. _____	21. CELLPHONE NUMBER _____	22. PRESENT OCCUPATION _____
23. WORK ADDRESS (office name, building no., street, town or city, state, country, postal zone) _____			24. APPLICANT'S SIGNATURE _____

<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 1</p> <p style="text-align: center;">THREE (3) 2X2 Colored Photos</p> <p style="text-align: center;">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 style="text-align: center;">Please paste one photo here</p>	<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 2</p> <p style="text-align: center;">THREE (3) 2X2 Colored Photos</p> <p style="text-align: center;">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 style="text-align: center;">Please paste one photo here</p>	<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 3</p> <p style="text-align: center;">THREE (3) 2X2 Colored Photos</p> <p style="text-align: center;">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 style="text-align: center;">Please paste one photo here</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 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