**Form No. 1 – ENGLISH**

**PASSPORT APPLICATION FORM**

**DEPARTMENT OF FOREIGN AFFAIRS THIS FORM IS NOT FOR SALE**

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| **ADULT APPLICANT**  *(Choose One)* | **MINOR APPLICANT\*\***  **\*\****Below 18 years old*  *(Choose One)* |
| **NEW APPLICANT** | **NEW APPLICANT** |
| **RENEWAL** | **RENEWAL** |
| **LOST PASSPORT** | **LOST PASSPORT** |

**Office of Consular Affairs**

**Last Revision: 28 February 2019**

**INSTRUCTIONS:**

* **Read CAREFULLY.**
* Please PRINT entries legibly using black or blue ink only.
* Supply the necessary information.
* Indicate “**N/A**” for entries with no answers.
* Tick boxes as appropriate.

**PHILIPPINE CONSULATE GENERAL**

**LOS ANGELES**

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| **CAPTURE SITE PRE-PROCESSING (Do not write on this part)** | | | | | | | | | | | | | | | |
| **APPOINTMENT VERIFICATION:** | | | | | | | | **REMARKS:** | | | | | | | |
| **APPLICANT’S PASSPORT DETAILS** | | | | | | | | **LATEST PASSPORT NUMBER** | | | | | **DATE ISSUED** | | |
| Click here to enter text. | | | | | Click here to enter text. | | |
| **APPLICANT’S IDENTITY** | | | | | | | | | | | | | | | |
| **NAME TO BE PRINTED IN YOUR NEW PH PASSPORT** | | Click here to enter text. | | | | | | Click here to enter text. | | | | | Click here to enter text. | | |
| **LAST NAME** | | | | | | **FIRST NAME** | | | | | **MIDDLE NAME** | | |
| **SEX** *(CHOOSE ONE)*  **MALE** **female** | | **CIVIL STATUS** *(CHOOSE ONE)*  **SINGLE**  **married** **WIDOW/ER**  **ANNULLED/NULLIFIED**  **DIVORCE RECOGNIZED**  **BY PHILIPPINE COURT BY PHILIPPINE COURT** | | | | | | | | | | | | | |
| **DATE OF BIRTH (ex. JUL 23 1962)**  **MONTH DAY YEAR** | | | | | | | **PLACE OF BIRTH** | Born in the Philippines , write the Municipality/City & Province:  Click here to enter text. | | | | | | | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | | | Born outside the Philippines, write the Country:  Click here to enter text. | | | | | | | |
| **NAME OF APPLICANT’S SPOUSE** | | Click here to enter text. | | | | | | | **SPOUSE’S CITIZENSHIP** | | Click here to enter text. | | **TO USE/USING HUSBAND’S SURNAME?** | | **YES**  **NO** |
| ***ARE THERE CHANGES IN YOUR NAME?*** *(CHOOSE ONE)* | | **YES**  **NO** | | | **REASONS FOR NAME CHANGE**  *(Choose one; present certified copy)* | | | | | | **PH GOVT REPORTED MARRIAGE**  **PH COURT ORDER** | | | | |
| **NAME IN YOUR PHILIPPINE BIRTH CERTIFICATE** | | Click here to enter text. | | | | | | Click here to enter text. | | | | | Click here to enter text. | | |
| **LAST NAME** | | | | | | **FIRST NAME** | | | | | **MIDDLE NAME** | | |
| **APPLICANT’S CONTACT INFORMATION** | | | | | | | | | | | | | | | |
| **Country of residence** | | Click here to enter text. | | | | **Province/State** | | | Click here to enter text. | | | **City/Town** | | Click here to enter text. | |
| **u.s. Home Address** | | | Click here to enter text. | | | | | | | | | | | | |
| **options for passport releasing** *(cHOOSE ONE)* | | **Pick up at the Consulate**  *(Please check receipt for Release Date)* | | | | | | | | **I’ll have it mailed**  *(Please bring USPS self-addressed stamped envelope)* | | | | | |
| **MOBILE PHONE NUMBER**  *(FOR MINOR APPLICANTS, INDICATE PARENT/GUARDIAN’S NUMBER)* | | Click here to enter text. | | | | | | | | | | | | | |

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| **APPLICANT’S PERSONAL HISTORY** | | |
| **FATHER** | **MOTHER** | |
| **Last Name:**  Click here to enter text. | **Maiden Name:** Click here to enter text. | |
| **First Name:** Click here to enter text. | **First Name:** Click here to enter text. | |
| **Middle Name:** Click here to enter text. | **Middle Name:** Click here to enter text. | |
| **Citizenship at the time of Applicant’s Birth:** Click here to enter text. | **Citizenship at the time of Applicant’s Birth:** Click here to enter text. | |
| **MODE OF ACQUIRING PHILIPPINE CITIZENSHIP**  *(Check one)* | **BIRTH STATUS**  *(Check one)* | |
| **By Birth to Filipino Parent/s**  **By Naturalization as a Filipino**  **By Recognition as a Filipino**  **By Dual /Derivative Dual Citizenship under R.A. 9225** | **LEGITIMATE**  **ILLEGITIMATE**  **LEGITIMATED BY PARENTS SUBSEQUENT MARRIAGE** | |
| **FOR MINOR APPLICANTS ONLY:** | |
| **Are you currently a Citizen of another country?**  **YES**   **NO**  **If YES, from what country?**  Click here to enter text. | **Is the Minor subject of an adoption proceeding or in the partial/full care and custody of an orphanage?**  **YES.** If yes, please provide pertinent documents  **NO** | |
| **Did you ever lose your Philippine Citizenship?**   **YES**   **NO**  **If YES, from what country?**  Click here to enter text. | **Is there any court order or legal arrangements pertaining to the Minor?**  **YES.** If yes, please provide pertinent documents  **NO** | |
| **DISTINGUISHING MARKS ON THE FACE** | |
| **Have you served in any Foreign Military?**   **YES**   **NO**  **If YES, from what country?**  Click here to enter text. | Click here to enter text. | |
| **PERSON TO CONTACT IN CASE OF EMERGENCY:** | **STATUS OF CURRENT PASSPORT**  (Check One when applicable) | |
| Name:  Click here to enter text. | **Lost Expired Passport**   * Affidavit of Explanation | **Passport Intact** |
| Mobile No.: Click here to enter text. | **Lost Valid Passport**  Affidavit of LossPolice Report | **Damaged Passport**   * Affidavit of Explanation |
| **DECLARATION OF APPLICANT OR PARENT/GUARDIAN OF MINOR APPLICANT** | | |
| **I HEREBY DECLARE AND AFFIRM THAT** (1) I/the minor applicant am/is a Filipino citizen; (2) I am the parent or legal guardian of the minor applicant; (3) The information provided in this application is true and correct; (4) The attached supporting documents are authentic; (5) I consent to the verification by the Philippine Government of the information I provided to establish my/the minor applicant’s personal particulars and further consent to its use for any lawful purpose; (6) I am aware that the information provided in this application will treated in accordance with relevant privacy regulations; (7) I am aware that under the law , I/the applicant am/is only allowed to hold one valid regular Philippine passport at a given time; (8) 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; (9) 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.  Click here to enter text.Click here to enter a date.  **SIGNATURE OVER PRINTED NAME OF APPLICANT OR PARENT/LEGAL GUARDIAN DATE SIGNED** | | |

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| **DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT’S USE ONLY.** | | | | | | | | |
| **PROOF OF PHILIPPINE CITIZENSHIP** | | | | **IDENTITY DOCUMENT/S SUBMITTED** | | | **OTHER SUPPORTING DOCUMENTS** | |
|  | **NSO/PSA BIRTH CERTIFICATE** | | |  | **US PERMANENT RESIDENT CARD** | |  | **PARENT/GUARDIAN’S ID CARD** |
|  | **ROB ISSUED BY EMBASSY OR CONSULATE** | | |  | **PH Senior Citizen’s ID** | |  | **AFFIDAVIT OF CONSENT TO TRAVEL/SPA** |
|  | **BI NATURALIZATION CERTIFICATE** | | |  | **School ID card** | |  | **ADOPTION/GUARDIANSHIP DECREE** |
|  | **R.A. 9225 DUAL CITIZENSHP DOCUMENTS** | | |  | **DSWD Clearance for Minors** | |  | **NSO/PSA MARRIAGE CERTIFICATE** |
|  | **ELECTION OF PHILIPPINE CITIZENSHIP** | | |  | **GSIS/SSS ID CARD** | |  | **NBI CLEARANCE** |
|  | **OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | **OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **REMARKS** | | **PASSPORT WATCHLIST VERIFICATION:** | | | | **RETURNED CANCELLED PASSPORT**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant or Parent/Legal Guardian’s Signature over Printed Name**  **DATE:** | | **RELEASED NEW PASSPORT**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant/Representative or Parent/Legal Guardian’s Signature over Printed Name**  **DATE:** |
| **PROCESSOR’S SIGNATURE** | | | **ENCODER’S SIGNATURE** | | |
| **OFFICIAL RECEIPT NO:** | | | **DATE OF TRANSACTION** | | |