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## APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

(Revised July 2019 PCGLA)

<b>PETITION NO.</b>  <b>DATE FILED</b>  <b>ORDER OF APPROVAL/DENIAL NO.</b>  <b>DATE OF APPROVAL/DENIAL</b>	<b>INSTRUCTION</b>  This application form should be accomplished completely and submitted together with the original supporting documents, one (01) photocopied set of the original documents and three (03) 2x2 colored photos described in the next frame.	<b>PASTE HERE</b> one (1) of the (3) 2x2 colored photos with plain white background taken within the last SIX (6) months, without eyeglasses or contact lenses, clearly showing the full front view of the face	<b>FEES:</b> [ ] PRINCIPAL      \$ 50.00 [ ] DERIVATIVE ___ X \$25.00 = \$ ___ [ ] AFFIDAVIT OF EXPLANATION    \$ 25.00 TOTAL: \$ _____
<b>1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH</b>			
1a. LAST NAME (surname or family name) _____ 1b. FIRST NAME (given names) _____      1c. MIDDLE NAME _____			
<b>2. ARE YOU USING A DIFFERENT NAME?</b> <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 _____			
<b>3. DATE OF BIRTH</b>			
DAY   MONTH (write whole word)   YEAR		<b>4. PLACE OF BIRTH</b> (town or city, province or state, country) _____	
<b>5. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
<b>6. CIVIL STATUS</b> _____		<b>7. HEIGHT</b> (m) _____	<b>8. WEIGHT</b> (kg) _____
<b>9a. NAME OF SPOUSE</b> (last name, first name, full middle name) _____		<b>9b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION</b> _____	
<b>10a. NAME OF APPLICANT'S FATHER</b> (last name, first name, full middle name) _____		<b>10b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b> _____	
<b>11a. NAME OF APPLICANT'S MOTHER</b> (last name, first name, full middle name) _____		<b>11b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b> _____	
<b>12. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED</b> <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHERS (specify) _____			
<b>13a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS</b> (specify all) _____		<b>13b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS</b> (specify all) _____	
<b>14a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS</b> (day / month / year) _____		<b>14b. NATURALIZATION CERTIFICATE NUMBERS</b> _____	
<b>15a. FOREIGN PASSPORT NO. / VALID FOREIGN GOV'T ISSUED ID NO.</b> _____		<b>15b. DATE AND PLACE OF ISSUANCE OF ID</b> (day/ month/ year) _____	
<b>16. SUPPORTING DOCUMENTS SUBMITTED</b> NSO/PSA/"CENSUS" BIRTH CERTIFICATE    REPORT OF BIRTH FROM A PH CONSULATE/EMBASSY    CERTIFICATE OF LIVE BIRTH FROM PHILIPPINE LCR    PHILIPPINE MARRIAGE CERTIFICATE OLD PHILIPPINE PASSPORT    FOREIGN NATURALIZATION CERT    FOREIGN PASSPORT <input type="checkbox"/> Others (specify) _____			
<b>17. PHILIPPINE PERMANENT ADDRESS</b> (house no., street, town or city, state, country, postal zone) _____			
<b>18. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE</b> (house no., street, town or city, state, country, postal zone) _____			
<b>19. HOME TELEPHONE NO.</b> _____	<b>20. E-MAIL ADDRESS/FAX NO.</b> _____	<b>21. CELLPHONE NUMBER</b> _____	<b>22. PRESENT OCCUPATION</b> _____
<b>23. WORK ADDRESS</b> (office name, building no., street, town or city, state, country, postal zone) _____			<b>24. APPLICANT'S SIGNATURE</b> _____

<p><b>DEPENDENT MINOR CHILD NO. 1</b></p> <p><b>THREE (3) 2X2 Colored Photos</b></p> <p>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 staple edges of photos</p>	<p><b>DEPENDENT MINOR CHILD NO. 2</b></p> <p><b>THREE (3) 2X2 Colored Photos</b></p> <p>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 staple edges of photos</p>	<p><b>DEPENDENT MINOR CHILD NO. 3</b></p> <p><b>THREE (3) 2X2 Colored Photos</b></p> <p>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 staple edges of photos</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

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