



# PHILIPPINE CONSULATE GENERAL LOS ANGELES, CALIFORNIA

DEPARTMENT OF FOREIGN AFFAIRS  
Office of Consular Affairs

Revised as of 15 JULY 2019

PASSPORT APPLICATION FORM  
THIS FORM IS NOT FOR SALE

**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.

ADULT APPLICANT <i>(Check One)</i>	MINOR APPLICANT** <i>**Below 18 years old (Check One)</i>
<input type="checkbox"/> NEW APPLICANT	<input type="checkbox"/> NEW APPLICANT
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> LOST PASSPORT	<input type="checkbox"/> LOST PASSPORT
<input type="checkbox"/> DUAL CITIZEN UNDER R.A. 9225	<input type="checkbox"/> DUAL CITIZEN UNDER R.A.9225

APPLICANT'S PASSPORT DETAILS			
LATEST PASSPORT NUMBER	DATE ISSUED	STATUS OF CURRENT PASSPORT <i>(CHECK ONE; LEAVE BLANK IF NEW PASSPORT APPLICANT)</i>	
		<input type="checkbox"/> Passport Intact <input type="checkbox"/> Lost Valid Passport <input type="checkbox"/> Lost Expired Passport <input type="checkbox"/> Damaged Passport	

APPLICANT'S IDENTITY			
NAME TO BE PRINTED IN YOUR NEW PH PASSPORT	LAST NAME	FIRST NAME <i>(INCLUDE SUFFIX, I.E. JR., III etc.)</i>	MIDDLE NAME
SEX <i>(CHECK ONE)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH <i>(MONTH-DAY-YEAR) (EX. JULY 23 1962)</i>	PLACE OF BIRTH <i>(IF BORN WITHIN THE PHILIPPINES, WRITE THE MUNICIPALITY/CITY AND PROVINCE. IF BORN OUTSIDE THE PHILIPPINES, WRITE THE COUNTRY)</i>	

CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> ANNULLED/NULIFIED BY PHILIPPINE COURT <input type="checkbox"/> DIVORCE/ANNULMENT RECOGNIZED BY PHILIPPINE COURT			
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NAME OF APPLICANT'S SPOUSE	SPOUSE'S CITIZENSHIP
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ARE THERE CHANGES IN YOUR NAME? <i>(CHECK ONE)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	REASONS FOR NAME CHANGE <i>(CHECK ONE; PRESENT CERTIFIED COPY)</i>	<input type="checkbox"/> PH GOVT REPORTED MARRIAGE <input type="checkbox"/> PH COURT ORDER	FEMALE APPLICANT OPTED TO USE MAIDEN SURNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, APPLICANT TO PUT INITIALS HERE :)</i>
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APPLICANT'S CONTACT INFORMATION <i>(FOR MINORS, INDICATE PARENT/GUARDIAN'S CONTACT INFORMATION)</i>				
U.S. HOME ADDRESS				
PHONE NUMBER	EMAIL ADDRESS	EMERGENCY CONTACT INFORMATION	NAME	PHONE NUMBER

APPLICANT'S PARENTAL HISTORY				
FATHER <i>(FILL UP EVEN IF DECEASED; N/A IF UNKNOWN)</i>	LAST NAME	FIRST NAME	MIDDLE NAME	CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH
MOTHER <i>(FILL UP EVEN IF DECEASED; N/A IF UNKNOWN)</i>	MAIDEN LAST NAME	FIRST NAME	MIDDLE NAME	CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH

MODE OF ACQUIRING PHILIPPINE CITIZENSHIP <i>(CHECK ONE)</i>				
<input type="checkbox"/> BY BIRTH TO FILIPINO PARENT/S <input type="checkbox"/> BY NATURALIZATION AS A FILIPINO <input type="checkbox"/> BY ELECTION AS A FILIPINO <input type="checkbox"/> BY RECOGNITION AS A FILIPINO <input type="checkbox"/> BY DUAL CITIZENSHIP UNDER R.A. 9225				
BIRTH STATUS <i>(CHECK ONE)</i>	<input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE <input type="checkbox"/> LEGITIMATED BY PARENTS SUBSEQUENT MARRIAGE			

ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY?	DID YOU EVER LOSE YOUR PHILIPPINE CITIZENSHIP?	HAVE YOU SERVED IN ANY FOREIGN MILITARY?
<input type="checkbox"/> YES <i>(IF YES, FROM WHAT COUNTRY?)</i> <input type="checkbox"/> NO	<input type="checkbox"/> YES <i>(IF YES, FROM WHAT COUNTRY?)</i> <input type="checkbox"/> NO	<input type="checkbox"/> YES <i>(IF YES, FROM WHAT COUNTRY?)</i> <input type="checkbox"/> NO
DISTINGUISHING MARKS ON THE FACE		

FOR MINOR APPLICANTS ONLY:	
Is the Minor subject of an adoption proceeding or in the partial/full care and custody of an orphanage?	Is there any court order or legal arrangements pertaining to the Minor?
<input type="checkbox"/> YES. <i>(IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS)</i> <input type="checkbox"/> NO	<input type="checkbox"/> YES. <i>(IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS)</i> <input type="checkbox"/> NO

OPTIONS FOR PASSPORT RELEASING <i>(CHECK ONE)</i>	
<input type="checkbox"/> I'll have it mailed <i>(PLEASE BRING YOUR OWN USPS SELF-ADDRESSED STAMPED ENVELOPE)</i> <input type="checkbox"/> Pick up at the Consulate General <i>(PLEASE CHECK YOUR RECEIPT FOR YOUR PASSPORT'S RELEASE DATE)</i>	

DECLARATION OF APPLICANT OR PARENT/GUARDIAN OF MINOR APPLICANT	
<p><b>I HEREBY DECLARE AND AFFIRM THAT</b> (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 the use of said information for any lawful purpose; (6) I am aware that the information provided in this application will be 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.</p>	<p style="text-align: center;">SIGNATURE OVER PRINTED NAME OF APPLICANT OR PARENT/LEGAL GUARDIAN</p> <p style="text-align: center;">DATE SIGNED :</p>

DO NOT WRITE BELOW THIS LINE. FOR THE CONSULATE GENERAL'S USE ONLY.			
REMARKS	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT	RELEASED NEW PASSPORT
PROCESSOR'S SIGNATURE	ENCODER'S SIGNATURE	Applicant /Representative or Parent/Legal Guardian's Signature over Printed Name DATE:	Applicant /Representative or Parent/Legal Guardian's Signature over Printed Name DATE: