

**RENEWAL REGULAR PASSPORT APPLICATION FORM (Adult)**

THIS FORM IS NOT FOR SALE

**DEPARTMENT OF FOREIGN AFFAIRS**

Office of Consular Affairs Last Revision: 07 October 2017

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.

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

APPOINTMENT VERIFICATION:	REMARKS:
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**PASSPORT APPLICANT'S INFORMATION**

**1. LAST NAME**

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**2. FIRST NAME**

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**3. MIDDLE NAME**

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**4. SEX**

MALE  
 FEMALE

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

D	D	M	M	M	Y	Y	Y	Y	

**6. PLACE OF BIRTH**

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

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**7. CIVIL STATUS**

SINGLE  
 MARRIED  
 WIDOW/ER  
 NULLIFIED/  
ANNULLED  
 DIVORCED

**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  NO

**8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY?**

YES  NO

IF Yes, what country?

**8d. HAVE YOU SERVED IN ANY FOREIGN MILITARY?**

YES  NO

IF Yes, what country?

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**APPLICANT'S CONTACT INFORMATION**

**9a. PRESENT ADDRESS:**

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**9b. HOME ADDRESS:**

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

PRESENT ADDRESS  HOME ADDRESS

**11. TELEPHONE / MOBILE NUMBER:**

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**12. e-MAIL ADDRESS:**

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<b>13. APPLICANT'S SPOUSE'S NAME:</b>		
<b>14a. PERSON TO CONTACT IN CASE OF EMERGENCY:</b>		<b>14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:</b>
<b>PARENTAL INFORMATION</b>		<b>CURRENT PASSPORT DETAILS OF APPLICANT</b>
<b>15. FATHER'S DETAILS</b> Last Name:	<b>16. MOTHER'S DETAILS</b> Last Name:	<b>17a. PASSPORT NUMBER</b>
First Name:	First Name:	<b>17b. DATE OF ISSUE</b>
Middle Name:	Middle Name:	<b>17c. DATE OF EXPIRY</b>
<b>Citizenship</b> <i>(at time of applicant's birth)</i>	<b>Citizenship</b> <i>(at time of applicant's birth)</i>	<b>17d. ISSUING AUTHORITY</b>
<b>STATUS OF CURRENT PASSPORT</b>		
<b>18. Please choose as applicable:</b> <input type="checkbox"/> <b>Passport Intact</b> <input type="checkbox"/> <b>Damaged Passport</b> <ul style="list-style-type: none"> <li>Affidavit of Explanation</li> </ul>		<input type="checkbox"/> <b>Lost Valid Passport</b> <ul style="list-style-type: none"> <li>Affidavit of Loss</li> <li>Police Report in English</li> </ul> <input type="checkbox"/> <b>Lost Expired Passport</b> <ul style="list-style-type: none"> <li>Affidavit of Explanation</li> </ul>
<b>DECLARATION OF APPLICANT</b>		
<p><b>I HEREBY DECLARE AND AFFIRM</b> 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>		
_____ <b>19. SIGNATURE OVER PRINTED NAME</b>		_____ <b>20. DATE (ex. 01 Jan 2018)</b>
<b>DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.</b>		
<b>REMARKS:</b>	<b>PASSPORT WATCHLIST VERIFICATION:</b>	<b>RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:</b>
<b>PROCESSOR'S SIGNATURE:</b>	<b>ENCODER'S SIGNATURE:</b>	
<b>OFFICIAL RECEIPT/PAYMENT SLIP NO:</b>	<b>DATE OF TRANSACTION:</b>	