



RENEWAL REGULAR PASSPORT APPLICATION FORM (ADULT)

THIS FORM IS NOT FOR SALE

PHILIPPINE EMBASSY PHNOM PENH

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.

Site: XXXXXXXX
Date/Time:
Booking Reference no.:

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

APPOINTMENT VERIFICATION: REMARKS:

PASSPORT APPLICANT'S INFORMATION

1. LAST NAME

Grid for last name

2. FIRST NAME

Grid for first name

3. MIDDLE NAME or MAIDEN LAST NAME

Grid for middle name

4. SEX

MALE FEMALE checkboxes

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

DDMMYY date grid

6. PLACE OF BIRTH

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

7. CIVIL STATUS

SINGLE MARRIED WIDOW/ER NULLIFIED / ANNULED DIVORCED checkboxes

8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?

BY BIRTH BY NATURALIZATION BY RE-ACQUISITION (RA no. 9225) BY ELECTION BY LEGISLATION checkboxes

8b. DID YOU EVER LOSE YOUR CITIZENSHIP?

YES NO checkboxes

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

YES NO checkboxes

8d. IF YES, FROM WHAT COUNTRY?

8e. HAVE YOU SERVE IN ANY FOREIGN MILITARY?

YES NO checkboxes

IF Yes, what country?

APPLICANT'S CONTACT INFORMATION

9a. PRESENT ADDRESS:

9b. HOME ADDRESS:

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

PRESENT ADDRESS HOME ADDRESS checkboxes

11. TELEPHONE/MOBILE NUMBER:

12. e-MAIL ADDRESS:

**13. APPLICANT'S SPOUSE'S NAME:**

**14a. PERSON TO CONTACT IN CASE OF EMERGENCY:**

**14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:**

PARENTAL INFORMATION		CURRENT PASSPORT DETAILS
<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 the time of applicant's birth)</i>	<b>Citizenship</b> <i>(at the time of applicant's birth)</i>	<b>17d. ISSUING AUTHORITY</b>

**STATUS OF CURRENT PASSPORT**

<b>19. Please choose as applicable:</b> <input type="checkbox"/> <b>Passport Intact</b> <input type="checkbox"/> <b>Damage passport</b> • Affidavit of Explanation	<input type="checkbox"/> <b>Lost Valid Passport</b> • Affidavit of Loss • Police Report in English <input type="checkbox"/> <b>Lost Expired Passport</b> • Affidavit of Explanation
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**DECLARATION OF APPLICANTS**

**I HEREBY DECLARE AND AFFIRM** 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.

\_\_\_\_\_  
**20. SIGNATURE OVER PRINTED NAME**

\_\_\_\_\_  
**21. DATE (EX 01 Jan 2017)**

**DO NOT WRITE BELOW THIS LINE, FOR THE EMBASSY'S USE ONLY**

<b>REMARKS:</b>	<b>PASSPORT WATCHLIST VERIFICATION:</b>	<b>RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:</b>
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<b>PROCESSOR'S SIGNATURE:</b>	<b>ENCODER'S SIGNATURE:</b>
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<b>OFFICIAL RECEIPT/PAYMENT SLIP NO:</b>	<b>DATE OF TRANSACTION:</b>
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END