

| | | | |
|---|--|---|--|
| 13. APPLICANT'S SPOUSE'S NAME: | | CITIZENSHIP: | |
| 14a. PERSON TO CONTACT IN CASE OF EMERGENCY: | | 14b. TEL/MOBILE NO. OF PERSON TO NOTIFY: | |
| PARENTAL INFORMATION | | CURRENT PASSPORT DETAILS | |
| 15. FATHER'S DETAILS Last Name: | 16. MOTHER'S DETAILS Last Name: (Single or Maiden Name) | 17a. PASSPORT NUMBER | |
| First Name: | First Name: | 17b. DATE OF ISSUE | |
| Middle Name: | Middle Name: | 17c. DATE OF EXPIRY | |
| Citizenship (at time of applicant's birth) | Citizenship (at time of applicant's birth) | 17d. ISSUING AUTHORITY | |
| STATUS OF CURRENT PASSPORT | | | |
| 19. Please choose as applicable: | | <input type="checkbox"/> Lost Valid Passport <ul style="list-style-type: none"> Affidavit of Loss Police Report in English | |
| <input type="checkbox"/> Passport Intact <input type="checkbox"/> Damaged Passport <ul style="list-style-type: none"> Affidavit of Explanation | | <input type="checkbox"/> Lost Expired Passport <ul style="list-style-type: none"> Affidavit of Explanation | |
| DECLARATION OF APPLICANTS | | | |
| <p>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.</p> | | | |
| 20. SIGNATURE OVER PRINTED NAME | | 21. DATE (ex. 01 Jan 2017) | |
| DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY. | | | |
| REMARKS: | PASSPORT WATCHLIST VERIFICATION: | RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT: | |
| PROCESSOR'S SIGNATURE: | ENCODER'S SIGNATURE: | | |
| OFFICIAL RECEIPT/PAYMENT SLIP NO: | DATE OF TRANSACTION: | | |

END