



PETITION FOR DUAL CITIZENSHIP AND ISSUANCE OF IDENTIFICATION CERTIFICATE (IC)

Rev. 11 November 2020

ENTRY NO.	INSTRUCTION	Paste 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face	Paste 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face
PAGE NO.			
BOOK NO.			
DATE FILED			

I, _____, respectfully request the Philippine Consulate General to administer my oath of allegiance to the Republic of the Philippines for the purpose of reacquiring/retaining my Philippine citizenship in accordance with the provisions of Republic Act No. 9225. The following are my personal details:

1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH	1.a. LAST NAME (surname or family name)			1.c. MIDDLE NAME (mother's maiden surname)	
	1.b. FIRST NAME (given names)				
2. ARE YOU USING A DIFFERENT NAME? [] YES – please answer 2.a. to 2.d. [] NO – Go to no. 3	2.a. LAST NAME (surname or family name)				
	2.b. FIRST NAME (given names)		2.c. MIDDLE NAME		
	2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME [] COURT DECREE [] OTHERS (please specify) _____				
3. DATE OF BIRTH		4. PLACE OF BIRTH (town or city, province or state, country)			
DAY	MONTH (Write Whole Word)	YEAR	5. GENDER [] MALE [] FEMALE	6. CIVIL STATUS : [] SINGLE [] MARRIED [] DIVORCED [] WIDOW/ER [] OTHERS _____	
7.a. NAME OF SPOUSE (given name, full middle name, last name)			7.b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION		
8.a. NAME OF APPLICANT'S FATHER (as written in the birth certificate / given name, middle name, last name)			8.b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH		
9.a. NAME OF APPLICANT'S MOTHER (as written in the birth certificate / given name, middle name, last name)			9.b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH		
10. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED [] BIRTH [] ELECTION [] MARRIAGE [] NATURALIZATION [] OTHERS _____					
11.a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS (specify all)			11.b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS (specify all)		
12.a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS (day / month in full / year)			12.b. NATURALIZATION CERTIFICATE NUMBERS (rightmost number at the top)		
13.a. FOREIGN PASSPORT NO.			13.b. DATE OF ISSUANCE OF FOREIGN PASSPORT (day / month in full / year)		
14. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL-BORN CITIZEN OF THE PHILIPPINES: [] PSA-issued Birth Certificate (MANDATORY) [] PSA-issued marriage contract (for married women only) [] Old Philippine Passport [] Voter's affidavit or voter's identification card [] Others (specify) _____					
15. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION or ACQUISITION OF FOREIGN CITIZENSHIP: [] Naturalization Certificate [] Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired [] Foreign Passport					
16. PHILIPPINE PERMANENT ADDRESS (house no., street, town or city, postal code)					
17. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone)					
18. MOBILE NO.		19. E-MAIL ADDRESS		20. WORK TELEPHONE NO.	
22. WORK ADDRESS (office name, building no., street, town or city, state, country, postal zone)					21. PRESENT OCCUPATION
					23. APPLICANT'S SIGNATURE

<p>DEPENDENT MINOR CHILD NO. 1</p> <p>Two (2) 2" x 2" colored photograph</p> <p style="text-align: center;">plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face</p> <p style="text-align: center;">Please paste</p>	<p>DEPENDENT MINOR CHILD NO. 2</p> <p>Two (2) 2" x 2" colored photograph</p> <p style="text-align: center;">plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face</p> <p style="text-align: center;">Please paste</p>	<p>DEPENDENT MINOR CHILD NO. 3</p> <p>Two (2) 2" x 2" colored photograph</p> <p style="text-align: center;">plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face</p> <p style="text-align: center;">Please paste</p>
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24. 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
24.a. LAST NAME (surname or family name)			
24.b. FIRST NAME (given name)			
24.c. MIDDLE NAME (mother's maiden surname)			
24.d. GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
24.e. CIVIL STATUS			
24.f. DATE OF BIRTH			
24.g. PLACE OF BIRTH			
24.h. COUNTRIES OF CITIZENSHIP			
24.i. COUNTRY OF PERMANENT RESIDENCE			
24.j. SUPPORTING DOCUMENTS	<input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Foreign Birth Certificate	<input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Foreign Birth Certificate	<input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Foreign Birth Certificate

25. ALIEN CERTIFICATE OF REGISTRATION (ACR) and IMMIGRATION CERTIFICATE (IC) or CERTIFICATE OF RESIDENCE FOR TEMPORARY VISITORS (CRTV) NUMBERS/ DATE & PLACE OF ISSUE:

I solemnly swear under penalty of law that the statements in this two-paged Petition regarding my person are true and correct, and the attached supporting documents are genuine and authentic.

If found qualified pursuant to the pertinent provisions of Republic Act No. 9225 and its Implementing Rules and Regulations, I further request for the cancellation of my Alien Certificate of Registration (ACR) and Immigration Certificate or Residence (ICR) or Certificate of Residence for Temporary Visitors (CRTV), if applicable.

Done this _____ day of _____, 20_____, in the City of New York, NY, United States of America.

APPLICANT'S SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 2020_____,
 at **New York PCG**, the affiant exhibited to me his/her passport/identification no. _____
 Issued at **US Department of State** on _____.

 Administering Official