



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

Revised 24 October 2017 (USA)

ENTRY NO.	INSTRUCTION 1. Submit two (2) duly accomplished application forms and two (2) sets of supporting documents (see items 14 and 15) 2. Submit a total of three (3) 2" x 2" colored photographs 3. Fee must be paid in cash or money order only Principal - US \$50.00 Dependent - US \$25.00 each	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?		2.a. LAST NAME (surname or family name)		2.c. MIDDLE NAME	
<input type="checkbox"/> YES – please answer 2.a. to 2.d. <input type="checkbox"/> NO – Go to no. 3		2.b. FIRST NAME (given names)		2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME	
				<input type="checkbox"/> COURT DECREE <input type="checkbox"/> 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. CIVIL STATUS : <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> 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 <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> 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		
13.a. FOREIGN PASSPORT NO.			13.b. DATE OF ISSUANCE (day / month in full / year)		
14. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL-BORN CITIZEN OF THE PHILIPPINES: <input type="checkbox"/> PSA-issued Birth Certificate (MANDATORY) <input type="checkbox"/> PSA-issued marriage contract (for married women only) <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Voter's affidavit or voter's identification card <input type="checkbox"/> Others (specify) _____					
15. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION or ACQUISITION OF FOREIGN CITIZENSHIP: <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired <input type="checkbox"/> 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.	
				21. PRESENT OCCUPATION	
22. WORK ADDRESS (office name, building no., street, town or city, state, country, postal zone)					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"/> Report of Birth	<input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Report of Birth	<input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Report of Birth

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