

DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs Last Revision: 07 October 2017

Minors are those below eighteen (18) years of age or those over but unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability or condition (RA No. 7610)

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: New York PCG

Date/Time: Day, DD Mon YYYY/0000HR

Booking Reference No.

PASSPORT APPLICANT'S INFORMATION

1. LAST NAME

[illegible]

2. FIRST NAME

[illegible]

3. MIDDLE NAME or MAIDEN LAST NAME

[illegible]

4. SEX

☐ MALE☐ FEMALE

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

6. PLACE OF BIRTH

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

7a. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP?

☐ BY BIRTH ☐ BY NATURALIZATION ☐ BY RECOGNITION ☐ BY DERIVATIVE CITIZENSHIP (RA No. 9225)

7b. HAS THE APPLICANT EVER BEEN ISSUED A REGULAR PHILIPPINE PASSPORT? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE PASSPORT NO.: _____

DATE ISSUED:**ISSUING AUTHORITY:**

8. STATUS OF BIRTH

☐ LEGITIMATE

☐ ILLEGITIMATE

9. DISTINGUISHING MARKS ON FACE:

10. IS THE APPLICANT CURRENTLY SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE? ☐ YES ☐ NO **IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.**

11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENTS PERTAINING TO THE CHILD?
☐ YES, THERE IS. ☐ NONE THAT I KNOW OF IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.

APPLICANT'S CONTACT INFORMATION

12. MOBILE PHONE OF PARENT/GUARDIAN:

13. WORK PHONE OF PARENT/GUARDIAN:

14. PERSONAL E-MAIL OF PARENT/GUARDIAN:

15a. PRESENT ADDRESS:

15b. PHILIPPINE ADDRESS:

16. HOW DO YOU WISH TO RECEIVE YOUR PASSPORT? ☐ PICK-UP ☐ BY MAIL (Pls. Provide Xpress Post Env.)

OFFICIAL RECEIPT/PAYMENT SLIP NO.:

DATE OF TRANSACTION:

PARENTAL INFORMATION			
17. FATHER'S DETAILS		18. MOTHER'S DETAILS (MAIDEN /SINGLE NAME)	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Citizenship (at time of applicant's birth)		Citizenship (at time of applicant's birth)	
STATUS OF CURRENT PASSPORT (for renewal of Passport)			
19. Please choose as applicable:		<input type="checkbox"/> Lost Valid Passport	
<input type="checkbox"/> Passport Intact		• Affidavit of Loss • Police Report in English	
<input type="checkbox"/> Damaged Passport		<input type="checkbox"/> Lost Expired Passport	
• Affidavit of Explanation		• Affidavit of Explanation	
WAIVER OF LIABILITY			
I waive any & all claims that may now and in the future have against, & the release & hold free from any responsibility or liability & agree not to sue the Philippine Consulate in New York or any of its officers & staff or its agents/ representatives for any personal injury, expense, loss or damage that I may suffer or sustain as a result or by reason of the mailing of my passport/documents using the services of US Post or courier.			
Mail Tracking No: _____			
DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT			
I HEREBY DECLARE AND AFFIRM that 1) The applicant is a Filipino Citizen. 2) I am the parent or legal guardian of the minor. 3) The information provided in this application are 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 the applicant's personal particulars, and further consent to issue 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, the applicant is only allowed to hold 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 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 OF PARENT OR LEGAL GUARDIAN		21. DATE (ex. 01 Jan 2017)	
PROOF OF CITIZENSHIP SUBMITTED		IDENTITY DOCUMENT SUBMITTED:	
<input type="checkbox"/> BIRTH CERTIFICATE from Philippine Statistics Authority		<input type="checkbox"/> SCHOOL IDENTITY CARD	
<input type="checkbox"/> REPORT OF BIRTH from PHL Statistics Authority/PHL Embassy or Consulate		<input type="checkbox"/> DSWD CLEARANCE	
<input type="checkbox"/> CERTIFICATE OF NATURALIZATION		<input type="checkbox"/> Others: _____	
<input type="checkbox"/> IDENTIFICATION CERTIFICATE of CITIZENSHIP			
<input type="checkbox"/> Others: _____			
PROCESSOR'S SIGNATURE:		Parent or Legal Guardian's Signature to receive:	
WATCHLIST VERIFICATION:		CANCELLED PASSPORT	
		NEW PASSPORT	
REMARKS:		SIGNATURE	
		ENCODER:	
		SIGNING OFFICER:	