



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS  
MANILA  
E-PASSPORT APPLICATION

**NOT FOR SALE**

PLEASE PROVIDE CORRECT INFORMATION AND DO NOT LEAVE SPACES BLANK.

LAST NAME / APELYIDO	FIRST NAME / PANGALAN (Jr. / II / III)
MIDDLE NAME / GITNANG PANGALAN	PLACE OF BIRTH / POOK NG KAPANGANAKAN
Day / Month / Year DATE OF BIRTH / PETA NG KAPANGANAKAN (Ex. 01 January 2010)	GENDER / KASARIAN: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Civil Status:  Single  Married  Widow/er  Legally Separated  Annulled

Name of Wife / Husband: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
First Name Middle Name Last Name

Complete Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Work Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
First Name Middle Name Last Name

Maiden/Single Name of Mother: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
First Name Middle Name Last Name

<b>Citizenship Acquired By:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Election <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/> R.A. 9225 <input type="checkbox"/> Others _____	<b>Purpose of Travel:</b> <input type="checkbox"/> Tour <input type="checkbox"/> Seaman <input type="checkbox"/> Business <input type="checkbox"/> Migration <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Others _____
<b>Are you a holder of a foreign passport?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, from what country? _____	<b>Have you ever been issued a Philippine Passport?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Latest Passport Number? _____ Date of Issue: _____ Place of Issue: _____
<b>This serves as Affidavit of Support and Consent to Travel</b> (for Applicants below 18 years old ONLY) Name of minor's traveling companion: _____ Companion's Relationship: _____ Address / Contact Number: _____  Signature of Parent or Legal Guardian	<b>This serves as an Affidavit of Loss</b> Lost Passport Number: _____ Issued on: _____ Issued by: _____ Date lost: _____ Lost due to: _____  Signature of Applicant

I SOLEMNLY SWEAR that 1) I am a Filipino citizen. 2) The information I provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I have not been issued a passport under any other name. 5) I am aware that under the law, I am allowed to hold only one Philippine passport at any given time. 6) I am aware that making false statements in passport application furnishing falsified or forged documents in support thereof are punishable by law.

\_\_\_\_\_  
Signature of Applicant

REMARKS:		
FOR STRICT COMPLIANCE: Please print name and affix initials.		
Processor:	Encoder:	Signing Officer:
RECEIVED CANCELLED PASSPORT:	RECEIVED NEW PASSPORT:	
FOR ADMINISTRATIVE USE ONLY:		

For details, please visit <http://www.dfa.gov.ph>