



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

NOT FOR SALE

Notes:

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.
PROVIDING FALSE STATEMENTS IS PUNISHABLE BY LAW (R.A. 8239).

Foreign Service Post: **Philippine Embassy, Mexico**

www.philembassymexico.com/

LAST NAME	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>
FIRST NAME	<input type="text"/>	DATE OF BIRTH (Ex. 01 January 2012)	<input type="text"/>
MIDDLE NAME	<input type="text"/>	GENDER:	<input type="checkbox"/> Female <input type="checkbox"/> Male
CIVIL STATUS:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		

NAME OF SPOUSE (First-Middle-Last Name)	<input type="text"/>	CITIZENSHIP	<input type="text"/>
---	----------------------	--------------------	----------------------

ADDRESS ABROAD	<input type="text"/>
-----------------------	----------------------

CONTACT # ABROAD	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------

ADDRESS in PHILIPPINES	<input type="text"/>	CONTACT # in PHILIPPINES	<input type="text"/>
-------------------------------	----------------------	---------------------------------	----------------------

OCCUPATION	<input type="text"/>	WORK ADDRESS	<input type="text"/>	CONTACT #	<input type="text"/>
-------------------	----------------------	---------------------	----------------------	------------------	----------------------

NAME OF FATHER (First-Middle-Last Name)	<input type="text"/>	CITIZENSHIP	<input type="text"/>
---	----------------------	--------------------	----------------------

MAIDEN NAME OF MOTHER (First-Middle-Last Name)	<input type="text"/>	CITIZENSHIP	<input type="text"/>
--	----------------------	--------------------	----------------------

Citizenship Acquired By:	<input type="checkbox"/> Birth <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/> Election <input type="checkbox"/> Other
---------------------------------	---

Purpose of Travel:	<input type="checkbox"/> Tour <input type="checkbox"/> Work <input type="checkbox"/> Others <input type="checkbox"/> Study <input type="checkbox"/> Seafarer <input type="checkbox"/> Business <input type="checkbox"/> Migration
---------------------------	---

Are you a holder of a foreign passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, from which country?	<input type="text"/>

Have you ever been issued a Philippine Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Latest Passport Number:	<input type="text"/>
Date of Issue:	<input type="text"/>
Place of Issue:	<input type="text"/>

This serves as Affidavit of Support and Consent to Travel (for Applicants below 18 years old ONLY)	
Name of minor's traveling companion:	<input type="text"/>
Companion's Relationship:	<input type="text"/>
Address/ Contact Number:	<input type="text"/>
Signature of Parent or Legal Guardian:	<input type="text"/>

This serves as an Affidavit of Loss	
Lost Passport Number:	<input type="text"/>
Issued on:	<input type="text"/>
Issued by:	<input type="text"/>
Date Lost:	<input type="text"/>
Lost due to:	<input type="text"/>
Signature of Applicant:	<input type="text"/>

I SOLEMNLY SWEAR that: 1) I am a Filipino Citizen; 2) The information I provided in this application are 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 passport at any given time; 6) I am aware that making false statements and furnishing falsified or forged documents are punishable by law.

Signature Over Printed Name of Applicant _____

EMBASSY/ CONSULATE OF THE REPUBLIC OF THE PHILIPPINES			
Processor:	<input type="text"/>	Encoder:	<input type="text"/>
Signing Officer:	<input type="text"/>		
Received Cancelled Passport:	<input type="text"/>	Received New Passport:	<input type="text"/>
Remarks:	<input type="text"/>		
Date: <input type="text"/> Service No.: <input type="text"/> O.R. No.: <input type="text"/> Fee Paid: <input type="text"/>			