

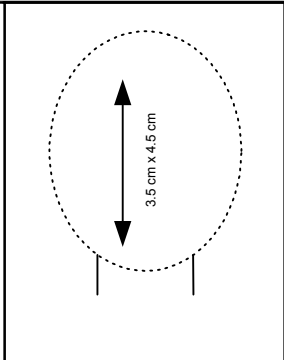


PASSPORT APPLICATION

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Revised 06 October 2008

APPLICATION SHALL BE DULY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY WITH BLACK OR BLUE INK, THUMBMARKS PRINTED CLEARLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED. FOR INAPPLICABLE ENTRIES WRITE N/A.



1. LAST NAME (surname or family name)		AFFIX APPLICANT'S THUMBMARKS HERE	
2. FIRST NAME (given name(s) written on birth certificate)		LEFT THUMBMARK	RIGHT THUMBMARK
3. MIDDLE NAME (mother's maiden surname, or if married, applicant's maiden surname)			
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
6. DATE OF BIRTH		7. PLACE OF BIRTH (town or city, province or state , country)	
DAY MONTH (write whole word) YEAR			

FOR OFFICIAL USE ONLY		
NEW PASSPORT NUMBER		
DATE OF ISSUE		
DATE OF EXPIRY		
MODE OF SUBMISSION OF APPLICATION <input type="checkbox"/> PERSONAL <input type="checkbox"/> MAIL/COURIER <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> REPRESENTATIVE		
DATE RECEIVED		
EVIDENCE OF APPLICANT'S CITIZENSHIP <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Report of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Naturalization Cert. <input type="checkbox"/> Others: _____		
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER
SIGNING OFFICER		
FEE	O.R. NO.	
SERVICE NO.		
REMARKS		
DATE DUE	TIME DUE	
PASSPORT RELEASED TO		
PRINTED NAME AND SIGNATURE		
DATE RECEIVED / MAILED TO APPLICANT		
MAIL / COURIER TRACKING NO.		

9a. APPLICATION TYPE <input type="checkbox"/> NEW PASSPORT <input type="checkbox"/> RENEWAL OF PASSPORT <input type="checkbox"/> REPLACEMENT OF LOST PASSPORT		9b. NO.OF PASSPORT PAGES REQUESTED <input type="checkbox"/> 32 pages
8a. PREVIOUS PASSPORT NUMBER	8b. DATE AND PLACE OF ISSUE OF PREVIOUS PASSPORT	
10. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE		
11a. NAME OF APPLICANT'S FATHER (first name, full middle name, last name)		11b. FATHER'S CITIZENSHIP
12a. NAME OF APPLICANT'S MOTHER (first name, full maiden surname, last name)		12b. MOTHER'S CITIZENSHIP
13. HOW PHILIPPINE CITIZENSHIP WAS ACQUIRED <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHERS _____		
14. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone)		
15. CONTACT TEL. NO. (include area code)	16. E-MAIL ADDRESS / FAX NO. / WORK TEL. NO.	
17. PRESENT OCCUPATION	18. WORK ADDRESS	
19. ADDRESS IN THE PHILIPPINES (house no., street, town or city, province, postal zone)		
20a. IS THIS APPLICATION TO BE FILED BY ANOTHER PERSON OR ENTITY ON YOUR BEHALF? <input type="checkbox"/> YES <input type="checkbox"/> NO		
20b. IF YES, INDICATE REPRESENTATIVE'S NAME, ADDRESS AND RELATIONSHIP TO APPLICANT		20c. SIGNATURE OF REPRESENTATIVE

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that I am a Filipino; I am the person in the attached photograph; the thumbmark prints on this form are mine; I have never made false representations in any of my passport applications; the statements made on this Application Form are true and correct; and the attached supporting documents are authentic.

 DATE OF APPLICATION

 SIGNATURE OF APPLICANT

IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.

SUBSCRIBED AND SWORN to before me this _____ day
 of _____, at _____.

Book No.
 Page No.
 Series of

NOTARY PUBLIC

PLEASE SEE REVERSE SIDE FOR REQUIREMENTS