REGULAR PASSPORT APPLICATION FORM (MINOR)

THIS FORM IS NOT FOR SALE

DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs Last Revision: 27 August 2021

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

Site: XXXXXXX

Date/Time: Day, DDMon YYYY/0000HR Booking Reference no.:0123456789101112

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 (V) boxes as appropriate.

CAPTURE SITE PRE-PROCESSING (Do not write on APPOINTMENT VERIFICATION:		REMARKS:	(7.3)	
		NOW ANNOT		
	PASSPORT	APPLICANT	INFORMATION	Market and College of the State
1.LAST NAME				
				
2. FIRST NAME				
3. MIDDLE NAME				
4. SEX 5.	DATE OF BIRTH (ex. 01	Jan 2017)	6. PLACE OF BIRTH	
MALE		lunicipality/City & Province		
	D MMM YY	YY	For born outside the PF	HL: Country)
FEMALE				194
In Ulayara Tier and				ž
A.HOW DID THE APPLICANT				
BY BIRTH BY NATURA	LIZATION BY RE	COGNITION	BY DERIVATIVE C	TIZENSHIP (RA No. 9225)
b. HAS THE APPLICANT EVER YES NO IF	YES, PLEASE PROVIDE	AR PHILIPPIN	E PASSPORT?	
DISTINGUISHING MARKS ON	FACE:	PASSPURI N).i	
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
. IS THE APPLICANT CURRENT	TET THE SUBJECT OF AN	N ADOPTION I	ROCESS OR PARTIALLY/	FULLY IN THE CARE OF AN
RPHANAGE? YES	□ NO	IF YES, PLE	ASE PROVIDE PERTINENT	DOCUMENTS.
O. IS:THERE ANY COURT ORDI	ER OR LEGAL ARRANGI	EMENTS PERT	AINING TO THE CHILD?	
)NE THAT I KNOW OF.	IF YES, PI	EASE PROVIDE PERTINEN	NT DOCUMENTS.
1. MOBILE PHONE OF PARENT	APPLICA	NT'S CONTA	T DETAILS	
1. MOBILE PHONE OF PARENT	T/GUARDIAN:	12. WORK PH	ONE OF PARENT/GUARD	IAN:
B. PERSONAL E-MAIL OF PAREN	NT/GUARDIAN:			
a. PRESENT ADDRESS: (ITAL)	<u>Y)</u>			
HOME ADDRESS: (PHILIP	PINES)			The state of the s
WHEDE DO VOLLMEN				
5. WHERE DO YOU WISH YOU	K PASSPORT TO BE DE	LIVERED?	PRESENT ADDRESS	HOME ADDRESS
	Larrang south as well as		(NOT APPLICABLE, N	O NEED TO TICK BOX)

PARENTAL INFORMATION								
16. FATHER'S DETAILS		17. MOTHER'S DETAILS (MAIDEN NAME)						
Last Name		Last Name		, n (88)	35 1. A. T.			
First Name		First Name						
Middle Name		Middle Name						
Citizenship (at time of applicant's birth)	Citizenship (at time of applicant's birth)							
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 is true and correct. 4) 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 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 that the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs. 18. SIGNATURE OVER PRINTED NAME 19. DATE (ex. 01 JAN 2017) OF PARENT OR LEGAL GUARDIAN								
DOINOT WRITE BELOW THIS LINE, FOR		S USE ONLY.						
BIRTH CERTIFICATE from Philippine Statistics Authority REPORT OF BIRTH from PHL Statistics Authority/PHL Embassy or Consulate	IDENTITY DOCUMENTS S SCHOOL IDENT	ITY CARD	The state of the s	UPPORTING DOC NT/GUARDIAN'S				
CERTIFICATE OF NATURALIZATION IDENTIFICATION CERTIFICATE OF CITIZENSHIP	Others:	535334188(Fire \$45 18);			ar =			
Others:				_{e je} se n	*			
REMARKS:		PASSPORT WATCHLIST VERIFICATION:		RETURNED CANCELLED PASSPORT Parent or Legal Guardian's Signature:				
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:						
OFFICIAL RECEIPT/PAYMENT SLIP NO.:		DATE OF TRANSACTION:						