

PETITION FOR DUAL CITIZENSHIP AND ISSUANCE OF IDENTIFICATION CERTIFICATE (IC)

I, _____, respectfully request the Philippine Embassy to administer my oath of allegiance to the Republic of the Philippines in connection with my intention to reacquire/retain my Philippine citizenship pursuant to RA No. 9225. A substantive finding of fraud or misrepresentation or concealment of facts will give rise to revocation of Philippine citizenship. The following are my personal details:

1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH (INCLUDING MARRIED SURNAME, IF APPLICABLE)	1. a. LAST NAME (surname, family name or married surname)				
	1. b. FIRST NAME (given names)	1. c. MIDDLE NAME (mother's maiden surname/if married, maiden surname)			
2. ARE YOU NOW USING A DIFFERENT NAME? <input type="checkbox"/> YES – please answer 2.a to 2.d. <input type="checkbox"/> NO- Go to no. 3	2. a. LAST NAME (surname or family name)				
	2. b. FIRST NAME (given names)	2. c. MIDDLE NAME			
	2. d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME <input type="checkbox"/> COURT DECREE <input type="checkbox"/> OTHERS (please specify)				
3. DATE OF BIRTH (dd/month/year)	4. PLACE OF BIRTH (town or city, province or state, country)				
5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	6. CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Others (please specify)				
7. NAME AND ADDRESS OF SPOUSE, OR IF WIDOWER, NAME OF DECEASED SPOUSE					
8. a. CURRENT RESIDENCE (house no. street, city, state , country, postal code)				8. b. RESIDENCE PHONE NO.	
9. a. PRESENT OCCUPATION	9. b. WORK ADDRESS (office name, street, city, country)			9. c. WORK PHONE NO.	
10. ADDRESS IN THE PHILIPPINES (house no. street, town or city, postal code)					
11. a. NAME OF APPLICANT'S FATHER (given name, full middle name, last name)			11. b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH		
12. a. NAME OF APPLICANT'S MOTHER (given name, full middle name, last name)			12. b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH		
13. a. CURRENT FOREIGN CITIZENSHIP			13. b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIP		
14. a. NATURALIZATION CERTIFICATE NO.			14. b. DATE OF ACQUISITION OF FOREIGN CITIZENSHIP		
15. a. FOREIGN PASSPORT NO.			15. b. DATE AND PLACE OF ISSUE		
NAME OF MINOR CHILD (below 18 year of age) (last name, given name, middle name)	GENDER	AGE	DATE OF BIRTH (day/month/year)	PLACE OF BIRTH (town or cit, province or state, country)	CIVIL STATUS

<p>16. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL BORN CITIZEN OF THE PHILIPPINES</p> <p>() Philippine Birth Certificate () Marriage Contract indicating Philippine citizenship of the applicant () Voter's Affidavit of voter's identification card () Old Philippine Passport () Others (specify)</p>
<p>17. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION OR ACQUISITION OF FOREIGN CITIZENSHIP</p> <p>() Naturalization Certificate () Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired () Carta d' Identita () Foreign Passport</p>
<p>18. ALIEN CERTIFICATE OF REGISTRATION (ACR) and IMMIGRATION CERTIFICATE (IC) or CERTIFICATE OF RESIDENCE FOR TEMPORARY VISITORS (CRTV) NUMBERS/DATE AND PLACE OF ISSUE</p>
<p>I solemnly swear under penalty of law that the above statements regarding my person are true and correct, and the attached supporting document/s is/are genuine and authentic.</p> <p>If found qualified pursuant to the pertinent provisions of Republic Act No. 9225 and its Implementing Rules and Regulations, I further request for the cancellation of my Alien Certificate of Registration (ACR) and Immigration Certificate of Residence (ICR) or Certificate of Residence for Temporary Visitors (CRTV), if applicable.</p> <p>Done on this _____ day of _____, _____, in _____.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">APPLICANT'S SIGNATURE OVER PRINTED NAME</p>

FOR OFFICIAL USE ONLY		
Doc. No. _____ Page No. _____ Book No. _____ Series of _____ O.R. No. _____	Attach 2" x 2" Photo of Applicant (Front View)	Attach 2" x 2" Photo of Applicant (Front View)