ePASSPORT APPLICATION FORM

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY, THUMBMARKS PRINTED CLEARLY

556 Fifth Avenue, New York NY 10036 Tel. No.: (212) 764 1330 | Fax No.: (212) 382 1146

www.newyorkpcg.org

Revised May 2013 (USA)

THIS FORM IS NOT FOR SALE

	Al	ND ALL	REQUIREME	NIS SUBMII	TED, OTHERWIS	E APPLICATION SHAL	T RF K	ETURNED UNPROCESS	SED. FOR	EN I RIES I	NOI APPL	ICABLE I	NRIIE N/A.	
1			LAST NAME (surname or family name)					PLACE APPLICANT'S THUMBMARKS HERE						
								LEFT THUMB			F	RIGHT THUMB		
3/8 i 3/8 i roun				FIRST NAME (given name(s) written on birth certificate)										
to 1 × 4.				2	2. THIST IVAIVE (given name(s) written on britinger inicate)									
FROM 1 into 1 3/8 in Photo Size: 3.5 cm X 4.5 cm. With Roval Blue Background														
	\	<u>8</u>	a :3											
	\	1"	No Siz											
Mith				3. MIDDLE NAME (mother's maiden surname, or if married, applicant's maiden name)										
		ASTE	.\											
1st PHOTO HERE			4. SEX	A SEX						Пом	<u> </u>	Пильомер		
Ĺ				MALE ☐ FEMALE						STATUS			WIDOWED	
FOR OFFICIAL USE ONLY				I WALE I FEMALE							☐ MAR	RIED	☐ DIVORCED	
NEW PASSPORT NUMBER				1										
				6. DAT	E OF BIRTH	1	7. P	LACE OF BIRTH (town or	r city, provir	nce or state	, country)			
DATE	OF ISSUE	DATE (OF EXPIRY	MONTH	/ DAY	/ YEAR								
				8a. PRE	EVIOUS PASSPOR	RT NUMBER	8b. E	DATE AND PLACE OF IS	SUE OF PF	REVIOUS F	ASSPORT	Γ		
EVID	ENCE OF APPLICAN	IT'S CITIZE	ENSHIP	0.400	LIGATION TYPE									
□в	irth Certificate \square	Report of	Birth	111	LICATION TYPE	☐ RENEWAL OF	_	RENEWAL W/			_			
☐ Passport ☐ Naturalization Certificate					□ NEW	REPLACEN OST PASS		Потн	HER					
☐ Others:			40 15 1	PASSPORT PASSPORT AMENDMENT L 10. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR NAME OF DECEASED										
RECI	EIVER CASH	IER	LOL	- 10. IF N	IARRIED, NAME A	AND ADDRESS OF SPC	JUSE, C	OR NAME OF DECEASED	J SPOUSE					
PR∩	CESSOR SCRIP	TER	ENCODER	110 NA	ME OF ADDITION	NT'S FATHER (surname	aivon	namo middlo namo)	11h	. FATHER'S	CITIZEN	CHID VT .	TIME OF	
1110	5200011 001111		LINOODLII	III IIa. NA	IVIL OF AFFLICAL	VI 3 I ATTILA (Sumame	, giveii	name, mudie name)	_	PLICANT'S		SHIF AT	TIVIL OI	
									/" '	21071111	Direction			
SIGNING OFFICER			12a, NA	12a. NAME OF APPLICANT'S MOTHER (surname, given name, middle name)					. MOTHER	S CITIZEN	NSHIP AT	TIME OF		
									PLICANT'S					
ļ				13. CITI	13. CITIZENSHIP ACQUIRED BY:					14. OTHER CITIZENSHIPS, IF ANY				
			□ BIRTH □ ELECTION □ MARRIAGE □ NATURALIZATION □ R.A. 92:											
FEE O.R. NO.			15. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house number, street, town or city, state, country, postal code)											
FEE		O.H. NO	U.											
				16. CO	NTACT INFORMA	TION (home / mobile numb	ber)	17. EMAIL ADDRESS /	WORK TE	LEPHONE	NO.			
SER\	/ICE NO.													
				18. PRE	SENT OCCUPAT	ION		19. WORK ADDRESS						
REM	ARKS			111										
				20. ADDRESS IN THE PHILIPPINES (house number, street, town or city, province or region, postal code)										
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!				DEDC	ONAL ADDEA	DANCE IS DECLIN	DEN (DE ALL EDACODOR	TADDLI	CANTO	MITHOLI	T EVCE	DTION	
				PENS	PERSONAL APPEARANCE IS REQUIRED OF ALL EPASSPORT APPLICANTS WITHOUT EXCEPTION									
				ISOLEM	I SOLEMNLY SWEAR UNDER PENALTY OF LAW THAT 1) at the time of this application I am a Filipino citizen; 2) the statements made on this Application Form are true and correct; 3) the attached supporting documents are authentic; 4) I have not been issued a passport under any name; 5) I am aware that									
				Form are	e true and correct;	3) the attached supporting	g docum	nents are authentic; 4) I have	ve not been	issued a pa	assport und	der any nar	ne; 5) I am aware that	
					under the law, I am allowed to hold one Philippine passport at any given time; 6) I am aware that making false statements in my passport application, furnishing falsified or forged documents is punishable by law.									
				lullisiiii	g laisilled of lorged	documents is punishable	by law.							
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DATE	DUE	TIME	DUE			DATE OF APPLIC	CATION		SIGNAT	URE OF A	PPLICANT	Γ		
					NEW e	PASSPOR	YT A	WAILABLE	: AFI	TER 8	3 – 1	O WI	EEKS	
PASS	SPORT RELEASED T	O:		-							_			
				AFFIDAVIT OF SUPPORT AND CONSENT										
					For minor applicants 18 years old and below. Must be accomplished by Mother / Father or Legal Guardian									
	DDINTED NIAME	VVID GICK	IATLIDE	Nan	Name of Travel Companion :									
PRINTED NAME AND SIGNATURE DATE RECEIVED / MAILED:					Companion's Relationship to Child : ☐Mother ☐ Father ☐ Other									
				Add	ress in the US:_					Telephone	·			
MAIL	/ COURIER TRACKI	NG NO.				Signature of Parent /	Guardia	an Sign	ature of Pa	rent / Guar	dian			
							Judiulo	Jiuli	aluio oi i a	ioni / Guail	and I			
][PLEASE SEE REVER	RSE SID	E FOR STANDARD EPA	SSPORT F	REQUIREM	ENTS			