

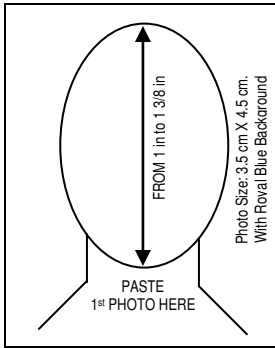


# ePASSPORT APPLICATION FORM

Revised May 2013 (USA)

**THIS FORM IS NOT FOR SALE**

**APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY, THUMBMARKS PRINTED CLEARLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED. FOR ENTRIES NOT APPLICABLE WRITE N/A.**



1. LAST NAME (surname or family name)	PLACE APPLICANT'S THUMBMARKS HERE	
2. FIRST NAME (given name(s) written on birth certificate)	LEFT THUMB	RIGHT THUMB
3. MIDDLE NAME (mother's maiden surname, or if married, applicant's maiden name)		

4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
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FOR OFFICIAL USE ONLY		
NEW PASSPORT NUMBER		
DATE OF ISSUE	DATE OF EXPIRY	
EVIDENCE OF APPLICANT'S CITIZENSHIP <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Report of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Naturalization Certificate <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:		
MAIL / COURIER TRACKING NO.		

6. DATE OF BIRTH MONTH / DAY / YEAR	7. PLACE OF BIRTH (town or city, province or state, country)
8a. PREVIOUS PASSPORT NUMBER	8b. DATE AND PLACE OF ISSUE OF PREVIOUS PASSPORT
9. APPLICATION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL OF <input type="checkbox"/> RENEWAL W/ <input type="checkbox"/> REPLACEMENT OF <input type="checkbox"/> OTHER PASSPORT PASSPORT AMENDMENT LOST PASSPORT	
10. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR NAME OF DECEASED SPOUSE	
11a. NAME OF APPLICANT'S FATHER (surname, given name, middle name)	11b. FATHER'S CITIZENSHIP AT TIME OF APPLICANT'S BIRTH
12a. NAME OF APPLICANT'S MOTHER (surname, given name, middle name)	12b. MOTHER'S CITIZENSHIP AT TIME OF APPLICANT'S BIRTH
13. CITIZENSHIP ACQUIRED BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> R.A. 9225	14. OTHER CITIZENSHIPS, IF ANY
15. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house number, street, town or city, state, country, postal code)	
16. CONTACT INFORMATION (home / mobile number)	17. EMAIL ADDRESS / WORK TELEPHONE NO.
18. PRESENT OCCUPATION	19. WORK ADDRESS
20. ADDRESS IN THE PHILIPPINES (house number, street, town or city, province or region, postal code)	

**PERSONAL APPEARANCE IS REQUIRED OF ALL EPASSPORT APPLICANTS WITHOUT EXCEPTION**

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 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.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

**NEW ePASSPORT AVAILABLE AFTER 8 – 10 WEEKS**

**AFFIDAVIT OF SUPPORT AND CONSENT**

For minor applicants 18 years old and below. Must be accomplished by Mother / Father or Legal Guardian

Name of Travel Companion : \_\_\_\_\_  
Companion's Relationship to Child :  Mother  Father  Other \_\_\_\_\_  
Address in the US : \_\_\_\_\_ Telephone : \_\_\_\_\_

Signature of Parent / Guardian

Signature of Parent / Guardian

PLEASE SEE REVERSE SIDE FOR STANDARD EPASSPORT REQUIREMENTS