

REPUBLIC OF THE PHILIPPINES

EMBASSY OF THE PHILIPPINES, OTTAWA

NOT FOR SALE

130 Albert Street, Suite 606, Ottawa, ON K1P 5G4 Canada, Tel: 613-233-1121; Fax: 613-233-4165;

e-mail: embassyofphilippines@rogers.com

E-PASSPORT APPLICATION

PLEASE PROVIDE CORRECT INFORMATION AND DO NOT LEAVE SPACES BLANK.

LAST NAME / APELYIDO _____	FIRST NAME / PANGALAN (Jr. / II / III) _____
MIDDLE NAME / GITNANG PANGALAN _____ _____ / _____ / _____ Day Month Year	PLACE OF BIRTH / POOK NG KAPANGANAKAN _____ GENDER / KASARIAN: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH / PETA NG KAPANGANAKAN _____ (Ex. 01 January 2010)	

Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Legally Separated ☐ Annulled

Name of Wife / Husband: _____ Citizenship: _____

First Name Middle Name Last Name

Complete Address: _____ Tel. No.: _____

Present Occupation: _____ Mobile No.: _____

Work Address: _____

E-mail Address: _____ Tel. No.: _____

Name of Father: _____ Citizenship: _____

First Name Middle Name Last Name

Maiden/Single _____ Citizenship: _____

Name of Mother: _____

First Name Middle Name Last Name

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 <input type="checkbox"/> Others _____	Purpose of Travel: <input type="checkbox"/> Tour <input type="checkbox"/> Seaman <input type="checkbox"/> Business <input type="checkbox"/> Migration <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Others _____
Are you a holder of a foreign passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what country? _____	Have you been issued a Philippine Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Latest Passport Number? _____ Date of Issue: _____ Place of Issue: _____
This serves as Affidavit of Support and Consent to Travel (for Applicants below 18 years old ONLY) Name of minor's travelling companion: _____ Companion's Relationship: _____ Address / Contact Number: _____ <p style="text-align: center;">_____ Signature of Parent or Legal Guardian</p>	This serves as an Affidavit of Loss Lost Passport Number: _____ Issued on: _____ Issued by: _____ Date lost: _____ Lost due to: _____ <p style="text-align: center;">_____ Signature of Applicant</p>

I SOLEMNLY SWEAR that 1) I am a Filipino citizen and I have not acquired Canadian citizenship.* 2) The information I provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I have not been issued a passport under any other name. 5) I am aware that under the law, I am allowed to hold only one passport at any given time. 6) I am aware that making false statements in passport application furnishing falsified or forged documents in support thereof are punishable by law.

*() Applicant holds dual citizenship as allowed under R.A. 9225

Signature of Applicant

REMARKS:	
FOR STRICT COMPLIANCE: Please print name and affix initials.	
Processor: _____ Encoder: _____	Signing Officer: _____
RECEIVED CANCELLED PASSPORT: _____	RECEIVED NEW PASSPORT: _____
FOR ADMINISTRATIVE USE ONLY:	