



Form No. 2 - ENGLISH
REGULAR PASSPORT APPLICATION FORM (MINOR)

THIS FORM IS NOT FOR SALE

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 (√) boxes as appropriate.

Site: XXXXXXXX
Date/Time:
Booking Reference no.:

CAPTURE SITE PRE-PROCESSING (Do not write on this part)																						
APPOINTMENT VERIFICATION:		REMARKS:																				
PASSPORT APPLICANT'S INFORMATION																						
1. LAST NAME																						
<input type="text"/>																						
2. FIRST NAME																						
<input type="text"/>																						
3. MIDDLE NAME or MAIDEN LAST NAME																						
<input type="text"/>																						
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 Jan 2017) <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	M	Y	Y	Y	Y		6. PLACE OF BIRTH (For born in PHL: Municipality/City & Province For born outside the PHL: Country <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
D	D	M	M	M	Y	Y	Y	Y														
7a. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RECOGNITION <input type="checkbox"/> BY DERIVATIVE CITIZENSHIP (RA No. 9225)																						
7b. HAS THE APPLICANT EVER BEEN ISSUED A REGULAR PHILIPPINE PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PASSPORT NO.: <input type="text"/>																						
8. STATUS OF BIRTH <input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE	9. DISTINGUISHING MARKS ON FACE: <input type="text"/>																					
10. IS THE APPLICANT CURRENTLY THE SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.																						
11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENT PERTAINING TO THE CHILD? <input type="checkbox"/> YES, THERE IS <input type="checkbox"/> NONE THAT I KNOW OF. IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS																						
APPLICANT'S CONTACT DETAILS																						
12. MOBILE PHONE OF PARENT /GUARDIAN: <input type="text"/>	13. WORK PHONE OF PARENT/GUARDIAN: <input type="text"/>																					
14. PERSONAL E-MAIL OF PARENT/ GUARDIAN: <input type="text"/>																						
15. PRESENT ADDRESS: 15b. HOME ADDRESS: <input type="text"/>																						
16. WHERE DO YOU WISH YOUR PASSPORT TO BE DELIVERED? <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> HOME ADDRESS																						

PARENTAL INFORMATION

17. FATHER'S DETAILS	18. MOTHER'S DETAILS
Last Name:	Last Name:
First Name:	First Name:
Middle Name:	Middle Name:
Citizenship <i>(at the time of applicant's birth)</i>	Citizenship <i>(at the time of applicant's birth)</i>

DECLARATION OF APPLICANTS

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. 5) 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 lawful purpose. 6) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 7) I am aware that under the law, the applicant is only allowed to hold one valid regular Philippine passport at a given time. 8) 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. 9) 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.

19. SIGNATURE OVER PRINTED NAME

20. DATE (EX 01 Jan 2017)

DO NOT WRITE BELOW THIS LINE, FOR THE EMBASSY'S USE ONLY

PROOF OF CITIZENSHIP SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE from Philippine Statistic Authority <input type="checkbox"/> REPORT OF BIRTH from PHL Statistics authority/PHL Embassy Consulate <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE OF CITIZENSHIP <input type="checkbox"/> Others: _____			IDENTITY DOCUMENT SUBMITTED <input type="checkbox"/> SCHOOL IDENTITY CARD <input type="checkbox"/> DSWD CLEARANCE <input type="checkbox"/> OTHERS: _____			OTHER SUPPORTING DOCUMENTS <input type="checkbox"/> PARENT/GUARDIAN'S ID <input type="checkbox"/> AFFIDAVIT OF CONSENT TO TRAVEL/SPECIAL POWER OF ATTORNEY <input type="checkbox"/> COURT DECREE ON ADOPTION/GUARDIANSHIP <input type="checkbox"/> Others		
REMARKS: 		PASSPORT WATCHLIST VERIFICATION: 		RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT: 				
PROCESSOR'S SIGNATURE: 			ENCODER'S SIGNATURE: 					
OFFICIAL RECEIPT/PAYMENT SLIP NO: 			DATE OF TRANSACTION: 					

END