FOREIGN SERVICE OF THE PHILIPPINES
CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES
SAN FRANCISCO, CALIFORNIA

Revised JANUARY 2004 (USA)

PASSPORT APPLICATION

445-447 SUTTER STREET, SIXTH FLOOR, SAN FRANCISCO, CA. 94108
Tel. no. (415) 433-6666 or 69 Fax no. (415)421-2641
email: sanfranciscopcg2004@yahoo.com
www.philippineconsulate-sf.org

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY WITH BLACK OR BLUE INK, THUMBMARKS PRINTED CLEARLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED. FOR INAPPLICABLE ENTRIES WRITE N/A.

Staple edges of 2nd and 3rd photo here

FROM 1 in. TO 1-3/8 in.

Paste 1st photo here

1. LAST NAME (surname or family name)

2. FIRST NAME (given name(s) written on birth certificate)

3. MIDDLE NAME (mother's maiden surname, or if married, applicants's maiden surname)

4. SEX
☐ MALE
☐ FEMALE

5. CIVIL STATUS
☐ SINGLE ☐ WIDOWED
☐ MARRIED ☐ DIVORCED

PLACE APPLICANT'S THUMBMARKS HERE

LEFT THUMBMARK	RIGHT THUMBMARK

6. DATE OF BIRTH

DAY	MONTH (write whole word)	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

9a. APPLICATION TYPE
☐ NEW PASSPORT ☐ RENEWAL OF PASSPORT ☐ REPLACEMENT OF LOST PASSPORT

9b. NO.OF PASSPORT PAGES REQUESTED
☐ 32 pages ☐ 64 pages

10. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR NAME OF DECEASED SPOUSE

11a. NAME OF APPLICANT'S FATHER (first name, full middle name, last name)

11b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANTS BIRTH

12a. NAME OF APPLICANT'S MOTHER (first name, full maiden surname, last name)

12b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANTS BIRTH

13. HOW PHILIPPINE CITIZENSHIP WAS ACQUIRED
☐ BIRTH ☐ ELECTION ☐ MARRIAGE ☐ NATURALIZATION ☐ OTHERS _____

14. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone)

15. CONTACT TEL. NO. (include area code)

16. E-MAIL ADDRESS / FAX NO. / WORK TEL. NO.

17. PRESENT OCCUPATION

18. WORK ADDRESS

19. ADDRESS IN THE PHILIPPINES (house no., street, town or city, province, postal zone)

20a. IS THIS APPLICATION FILED BY ANOTHER PERSON OR ENTITY ON YOUR BEHALF? ☐ YES ☐ NO

20b. IF YES, INDICATE NAME, ADDRESS AND RELATIONSHIP TO APPLICANT

20c. SIGNATURE OF REPRESENTATIVE

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that I am a Filipino; I am the person in the attached photograph; the thumbmark prints on this form are mine; I have never made false representations in any of my passport applications; the statements made on this Application Form are true and correct; and the attached supporting documents are authentic.

_____ DATE OF APPLICATION

_____ SIGNATURE OF APPLICANT

IMPORTANT: *IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.*

SUBSCRIBED AND SWORN to before me this _____ day

of_____,at_____.

Book No.
Page No.
Series of

NOTARY PUBLIC

FOR OFFICIAL USE ONLY

NEW PASSPORT NUMBER

DATE OF ISSUE

DATE OF EXPIRY

MODE OF SUBMISSION OF APPLICATION
☐ PERSONAL ☐ DIRECT MAIL/COURIER
☐ TRAVEL AGENCY / REPRESENTATIVE

DATE RECEIVED

EVIDENCE OF APPLICANT'S CITIZENSHIP
☐ Birth Certificate ☐ Report of Birth
☐ Passport ☐ Naturalization Cert.
☐ 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 TO APPLICANT

MAIL / COURIER TRACKING NO.

PLEASE SEE REVERSE SIDE FOR REQUIREMENTS