

PETITION FOR DUAL CITIZENSHIP AND ISSUANCE OF IDENTIFICATION CERTIFICATE (IC)

I, _____, respectfully request the Philippine Consulate General to administer my oath of allegiance to the Republic of the Philippines for the purpose of reacquiring/retaining my Philippine citizenship in accordance with the provisions of Republic Act No. 9225. The following are my personal details:

1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH (INCLUDING MARRIED SURNAME, IF APPLICABLE)		1.a. LAST NAME (surname, family name or married surname)				
		1.b. FIRST NAME (given names)		1.c. MIDDLE NAME (mother's maiden surname/if married, maiden surname)		
2. ARE YOU NOW USING A DIFFERENT NAME? <input type="checkbox"/> YES – please answer 2.a. to 2.d. <input type="checkbox"/> NO – Go to no. 3		2.a. LAST NAME (surname or family name)				
		2.b. FIRST NAME (given names)		2.c. MIDDLE NAME		
		2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME <input type="checkbox"/> COURT DECREE <input type="checkbox"/> OTHERS (please specify) _____				
3. DATE OF BIRTH		4. PLACE OF BIRTH (town or city, province or state, country)				
DAY	MONTH <small>(Write Whole Word)</small>	YEAR	5. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. CIVIL STATUS : <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWER <input type="checkbox"/> OTHERS _____		
7.a. EYE COLOR:		7.b. HAIR COLOR:	7.c. DISTINGUISHING MARKS ON FACE:			
8. NAME AND ADDRESS OF SPOUSE, OR IF WIDOW/ER, NAME OF DECEASED SPOUSE						
9.a. CURRENT RESIDENCE/FORWARDING ADDRESS (house no., street, city, state, country, postal code)				9.b. RESIDENCE PHONE NO.		
10.a. PRESENT OCCUPATION		10.b. WORK ADDRESS (office name, bldg. no., street, city, country, postal code)		10.c. WORK PHONE/ FAX NO.		
11. ADDRESS IN THE PHILIPPINES (house no., street, town or city, postal code)						
12.a. NAME OF APPLICANTS FATHER (given name, full middle name , last name)			12.b. FATHER'S CITIZENHIP AT THE TIME OF APPLICANT'S BIRTH			
13.a. NAME OF APPLICANT'S MOTHER (given name, full middle name , last name)			13.b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH			
14.a. CURRENT FOREIGN CITIZENSHIP			14.b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIP			
15.a. NATURALIZATION CERTIFICATE NO.			15.b. DATE OF ACQUISITION OF FOREIGN CITIZENSHIP			
16.a. FOREIGN PASSPORT NO.			16.b. DATE & PLACE OF ISSUE			
NAME OF MINOR CHILD (below 18 years of age) <small>(last name, given name, middle name)</small>		GENDER	AGE	DATE OF BIRTH <small>(day / month / year)</small>	PLACE OF BIRTH <small>(town or city, province or state, country)</small>	CIVIL STATUS
17. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL-BORN CITIZEN OF THE PHILIPPINES: <input type="checkbox"/> Philippine Birth Certificate <input type="checkbox"/> Marriage Contract indicating Philippine Citizenship of the applicant <input type="checkbox"/> Voter's affidavit or voter's identification card <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Others (specify _____)						
18. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION or ACQUISITION OF FOREIGN CITIZENSHIP: <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired						
19. ALIEN CERTIFICATE OF REGISTRATION (ACR) and IMMIGRATION CERTIFICATE (IC) or CERTIFICATE OF RESIDENCE FOR TEMPORARY VISITORS (CRTV) NUMBERS/ DATE & PLACE OF ISSUE:						

I solemnly swear under penalty of law that the above statements regarding my person are true and correct, and the attached supporting document/s is/are genuine and authentic.

If found qualified pursuant to the pertinent provisions of Republic Act No. 9225 and its Implementing Rules and Regulations, I further request for the cancellation of my Alien Certificate of Registration (ACR) and Immigration Certificate or Residence (ICR) or Certificate of Residence for Temporary Visitors (CRTV), if applicable.

Done this _____ day of _____, 20____, in the City and County of San Francisco, California, USA.

APPLICANT'S SIGNATURE OVER PRINTED NAME

FOR OFFICIAL USE ONLY:	ATTACH 2" x 2" PHOTO OF APPLICANT (FRONT VIEW)	ATTACH 2" x 2" PHOTO OF APPLICANT (FRONT VIEW)
O.R. No. : _____ Service No. _____		
Cashier: : _____		
Entry No. : _____		
Page No. : _____		
Book No. : _____ Series of 2007		