

**DEPARTMENT OF FOREIGN AFFAIRS**

**Office of Consular Affairs** Last Revision: 07 October 2017

**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: **HONOLULU PCG**

Date of Application: \_\_\_\_\_

**CAPTURE SITE PRE-PROCESSING (Do not write on this part)**

APPOINTMENT:	REMARKS:

**PASSPORT APPLICANT'S INFORMATION**

**CURRENT PASSPORT DETAILS**

PASSPORT NUMBER:	DATE OF ISSUE:
ISSUING AUTHORITY:	DATE OF EXPIRY:

1. LAST NAME

2. FIRST NAME

3. MIDDLE NAME or MAIDEN LAST NAME

<b>4. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>5. DATE OF BIRTH (ex. 20 May 1971)</b> _____ <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>DD</span> <span>MMM</span> <span>YYYY</span> </div>	<b>6. AGE</b> _____	<b>7. PLACE OF BIRTH</b> <small>(For born in the PHL: Municipality/City &amp; Province For born outside the PHL: Country)</small> _____
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<b>8. CIVIL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> NULLIFIED / ANNULLED <input type="checkbox"/> DIVORCED	<b>9a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?</b> <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION (RA No. 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION	<b>9b. DID YOU EVER LOSE YOUR PHILIPPINES CITIZENSHIP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>9c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>9d. IF YES, FROM WHAT COUNTRY?</b> _____ <b>9e. HAVE YOU SERVED IN ANY FOREIGN MILITARY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF Yes, what country?</b> _____
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<b>10a. APPLICANT'S SPOUSE'S NAME</b>	<b>10b. SPOUSE'S CITIZENSHIP</b>
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**APPLICANT'S CONTACT INFORMATION**

11. PRESENT ADDRESS

12. HOW DO YOU WISH TO RECEIVE YOUR PASSPORT?       PICK-UP       BY MAIL (PLS PROVIDE USPS PRIORITY MAIL ENVELOPE W/ POSTAGE)

MAIL TRACKING NO.:

13a. MOBILE NUMBER:

13b. E-MAIL ADDRESS:

<p style="text-align: center; margin: 0;"><b>FOR OFFICIAL USE OF THE CONSULATE</b></p> <p>O.R. No. _____</p> <p>Service No. _____</p> <p>Fee USD _____</p> <p>Date _____</p>
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PARENTAL INFORMATION		
<b>14. FATHER'S DETAILS</b> Last Name: First Name: Middle Name: Citizenship <i>(at the time of applicant's birth)</i>	<b>15. MOTHER'S DETAILS</b> Last Name: First Name: Middle Name: Citizenship <i>(at the time of applicant's birth)</i>	
<b>16a. PERSON TO CONTACT IN CASE OF EMERGENCY:</b>	<b>16b. TEL/MOBILE NO. OF PERSON TO NOTIFY:</b>	
STATUS OF CURRENT PASSPORT		
<b>17. Please choose as applicable:</b> <input type="checkbox"/> <b>Passport Intact</b> <input type="checkbox"/> <b>Damaged Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Explanation</li> </ul>	<input type="checkbox"/> <b>Lost Valid Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Loss</li> <li>• Police Report in English</li> </ul> <input type="checkbox"/> <b>Lost Expired Passport</b> <ul style="list-style-type: none"> <li>• Affidavit of Explanation</li> </ul>	
WAIVER OF LIABILITY		
<p>I waive any and all claims that may now and in the future have against and the release and hold free from any responsibility or liability the Philippine Consulate General in Honolulu or any of its officers and staff for any personal injury, expense, loss or damage that I may suffer or sustain as a result or by reason of the mailing of my passport using the service of the United States Postal Service or any other courier.</p>		
DECLARATION OF APPLICANT		
<p><b>I HEREBY DECLARE AND AFFIRM</b> that 1) I am a Filipino citizen. 2) The information provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to its use for any lawful purpose. 5) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 6) I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time. 7) 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. 8) 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.</p>		
_____ <b>18. SIGNATURE OVER PRINTED NAME</b>	_____ <b>19. DATE (ex. 01 Jan 2018)</b>	
DO NOT WRITE BELOW THIS LINE. FOR THE PHILIPPINE CONSULATE GENERAL'S USE ONLY.		
<b>REMARKS:</b>	<b>PASSPORT WATCHLIST VERIFICATION:</b>	
<b>PROCESSOR'S SIGNATURE</b>	<b>ENCODER'S SIGNATURE</b>	<b>SIGNING OFFICER'S SIGNATURE</b>
<b>RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:</b>	<b>RECEIVED NEW PASSPORT SIGNATURE OF APPLICANT:</b>	

END