



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

Revised 23 JANUARY 2008 (USA)

PETITION NO. DATE FILED ORDER OF APPROVAL/DENIAL NO. DATE OF APPROVAL/DENIAL	INSTRUCTION The original and one (1) photocopy of the Application and the Petition for Reacquisition / Retention of Philippine Citizenship should be submitted together with two (2) photocopies of all supporting documents.	2"X2" Colored Photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face	2"X2 " Colored Photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face			
SAMPLE ONLY						
1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE	1a. LAST NAME (surname or family name) _____ 1b. FIRST NAME (given names) _____					
	1c. MIDDLE NAME (mother's maiden surname) _____					
2. ARE YOU USING A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME CURRENTLY USED	2a. LAST NAME (surname or family name) _____	2b. FIRST NAME (given names) _____	2c. MIDDLE NAME _____			
2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME _____						
3. DATE OF BIRTH <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">DAY</td> <td style="width: 50%; border-bottom: 1px solid black;">MONTH (write whole word)</td> <td style="width: 25%; border-bottom: 1px solid black;">YEAR</td> </tr> </table>	DAY	MONTH (write whole word)	YEAR	4. PLACE OF BIRTH (town or city, province or state, country) _____		
DAY	MONTH (write whole word)	YEAR				
	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. CIVIL STATUS _____	7. HEIGHT (m) _____			
		8. WEIGHT (kg) _____				
9a. NAME OF SPOUSE (last name, first name, full middle name) _____		9b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION _____				
10a. NAME OF APPLICANT'S FATHER (last name, first name, full middle name) _____		10b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____				
11a. NAME OF APPLICANT'S MOTHER (last name, first name, full middle name) _____		11b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____				
12. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHERS (specify)						
13a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS (specify all) _____		13b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS (specify all) _____				
14a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS (day / month / year) _____		14b. NATURALIZATION CERTIFICATE NUMBERS _____				
15a. FOREIGN PASSPORT NO. / VALID FOREIGN GOV'T ISSUED ID NO. _____		15b. DATE AND PLACE OF ISSUANCE OF ID (day/ month/ year) _____				
16. SUPPORTING DOCUMENTS SUBMITTED <input type="checkbox"/> PSA Birth Certificate <input type="checkbox"/> Foreign Passport/I.D <input type="checkbox"/> PSA/DOH Marriage Certificate <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Others (specify)						
17. PHILIPPINE PERMANENT ADDRESS (house no., street, town or city, state, country, postal zone) _____						
18. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone) _____						
19. HOME TELEPHONE NO. _____	20. E-MAIL ADDRESS _____	21. MOBILE NUMBER _____	22. PRESENT OCCUPATION _____			
23. WORK ADDRESS/WORK NUMBER (office name, building no., street, town or city, state, country, postal zone) _____		24. APPLICANT'S SIGNATURE _____				

<p align="center">DEPENDENT MINOR CHILD NO. 1</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>	<p align="center">DEPENDENT MINOR CHILD NO. 2</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>	<p align="center">DEPENDENT MINOR CHILD NO. 3</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>
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25. INFORMATION ON CHILDREN INCLUDED IN PETITION ■ The following details about each dependent minor child included in the petition shall be provided below. (If there are more than three dependent children included in the petition, reprint/photocopy this page.)

	CHILD 1	CHILD 2	CHILD 3
25a. LAST NAME (surname or family name)			
25b. FIRST NAME (given names)			
25c. MIDDLE NAME (mother's maiden surname, or applicant's maiden surname)			
26. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
27. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
28. DATE OF BIRTH	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR
29. PLACE OF BIRTH (town or city, province or state, country)			
30. COUNTRIES OF CITIZENSHIP			
31. COUNTRY OF PERMANENT RESIDENCE			
32. SUPPORTING DOCUMENTS			

CERTIFICATION

I hereby certify under oath that all the information in this Application for Re-acquisition/Retention of Philippine Citizenship, composed of two pages, including the page on which this Certification is written, are true and correct. I further warrant that I have complied with all the requirements, and that I have presented certified true copies of documents issued under the official seal of the officer having legal custody of the originals in the Philippines, and in case of foreign documents, with their official translation into English duly authenticated by the Consul/Embassy official of the Foreign Service of the Philippines in the issuing country, and submitted two (2) photocopies of each of said documents. I understand that my application shall not be processed if any statement herein made is found to be false, if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements of the Bureau of Immigration with respect to my Application/Petition, without prejudice to whatever action(s) the Bureau of Immigration shall take in accordance with applicable laws of the Republic of the Philippines.

DATE OF APPLICATION

APPLICANT'S SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 201____,

at _____, the affiant exhibited to me his/her passport/identification no. _____

_____ issued at _____, on _____.

NOTARY PUBLIC

CONSUL