



<b>13. APPLICANT'S SPOUSE'S NAME:</b>		
<b>14a. PERSON TO CONTACT IN CASE OF EMERGENCY:</b>		<b>14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:</b>
<b>PARENTAL INFORMATION</b>		<b>CURRENT PASSPORT DETAILS</b>
<b>15. FATHER'S DETAILS</b> Last Name:	<b>16. MOTHER'S DETAILS</b> Last Name:	<b>17a. PASSPORT NUMBER</b>
First Name:	First Name:	<b>17b. DATE OF ISSUE</b>
Middle Name:	Middle Name:	<b>17c. DATE OF EXPIRY</b>
<b>Citizenship</b> <i>(at time of applicant's birth)</i>	<b>Citizenship</b> <i>(at time of applicant's birth)</i>	<b>17d. ISSUING AUTHORITY</b>
<b>STATUS OF CURRENT PASSPORT</b>		
<b>19. 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>
<b>DECLARATION OF APPLICANTS</b>		
<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>		
<hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>20. SIGNATURE OVER PRINTED NAME</b>		<hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>21. DATE (ex. 01 Jan 2017)</b>
<b>DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.</b>		
<b>REMARKS:</b>	<b>PASSPORT WATCHLIST VERIFICATION:</b>	<b>RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:</b>
<b>PROCESSOR'S SIGNATURE:</b>	<b>ENCODER'S SIGNATURE:</b>	
<b>OFFICIAL RECEIPT/PAYMENT SLIP NO:</b>	<b>DATE OF TRANSACTION:</b>	

END