



### APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

<b>ENTRY NO.</b>	<b>INSTRUCTIONS</b> 1. This application form should be accomplished completely and submitted together with the original supporting documents and three (3) photocopies each of the same. 2. Submit a total of eight (8) recent 2x2 colored photographs. 3. Fee must be paid in cash only: o Principal – EUR 55.00 o Dependent – EUR 27.50 each	Paste  <b>2" x 2" colored photograph</b>  with plain white background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the face	Paste  <b>2" x 2" colored photograph</b>  with plain white background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the
<b>PAGE NO.</b>			
<b>BOOK NO.</b>			
<b>DATE FILED</b>			

I, \_\_\_\_\_, respectfully request the Philippine Consulate General in Frankfurt 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:

<b>1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH</b>	1.a. LAST NAME (Surname or Family Name)		
	1.b. FIRST NAME (Given Names)	1.c. MIDDLE NAME (Mother's Maiden Surname)	
	2.a. LAST NAME (Surname or Family Name)		
<b>2. ARE YOU USING A DIFFERENT NAME?</b> <input type="checkbox"/> YES – Please answer 2.a. to 2.d. <input type="checkbox"/> NO – Go to no. 3	2.b. FIRST NAME (Given Names)		2.c. MIDDLE NAME
	2.d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME		
	<input type="checkbox"/> COURT DECREE <input type="checkbox"/> OTHERS (please specify) _____		
<b>3. DATE OF BIRTH</b>		<b>4. PLACE OF BIRTH</b>	
Date                      Month                      Year		Town or City                      Province or State                      Country	
<b>5. GENDER</b>		<b>6. CIVIL STATUS</b>	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWER <input type="checkbox"/> OTHER _____	
<b>7.a. NAME OF SPOUSE</b> (Given Name, full Middle Name, Last Name)		<b>7.b. SPOUSE'S CITIZENSHIP AT THE TIME OF APPLICATION</b>	
<b>8.a. NAME OF APPLICANT'S FATHER</b> (as written in the PSA Birth Certificate)		<b>8.b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b>	
<b>9.a. NAME OF APPLICANT'S MOTHER</b> (as written in the PSA Birth Certificate)		<b>9.b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b>	
<b>10. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED</b>			
<input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER _____			
<b>11.a. APPLICANT'S CURRENT FOREIGN CITIZENSHIP/S</b> (specify all)		<b>11.b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIP/S</b> (specify all)	
<b>12.a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIP/S</b>		<b>12.b. NATURALIZATION CERTIFICATE NUMBER/S</b>	
<b>13.a. FOREIGN PASSPORT NO.</b>		<b>13.b. DATE OF ISSUANCE OF FOREIGN PASSPORT</b> (dd/mm/yy)	
<b>14. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL-BORN FILIPINO CITIZEN:</b>			
<input type="checkbox"/> PSA BIRTH CERTIFICATE <input type="checkbox"/> PSA MARRIAGE CERTIFICATE <input type="checkbox"/> OLD PHILIPPINE PASSPORT/S		<input type="checkbox"/> VOTER'S AFFIDAVIT OR VOTER'S IDENTIFICATION CARD <input type="checkbox"/> OTHERS (please specify) _____	
<b>15. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION OR ACQUISITION OF FOREIGN CITIZENSHIP</b>			
<input type="checkbox"/> NATURALIZATION CERTIFICATE <input type="checkbox"/> FOREIGN PASSPORT <input type="checkbox"/> OTHER _____			
<b>16. PHILIPPINE PERMANENT ADDRESS</b> (House no., Street, Postal Code, Town or City, Country)			
<b>17. ADDRESS IN GERMANY OR COUNTRY OF RESIDENCE</b> (House no., Street, Postal Code, Town or City, Country)			
<b>18. MOBILE NO.</b>	<b>19. EMAIL ADDRESS</b>	<b>20. WORK TEL. NO.</b>	<b>21. PRESENT OCCUPATION</b>
<b>22. WORK ADDRESS</b> (Office Name, Building no., Street, Postal Code, Town or City, Country)			<b>23. APPLICANT'S SIGNATURE</b>

<b>DEPENDENT MINOR CHILD NO. 1</b>  <b>Three (3) 2" x 2" Colored Photographs</b>  with plain white background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the face	<b>DEPENDENT MINOR CHILD NO. 2</b>  <b>Three (3) 2" x 2" Colored Photographs</b>  with plain white background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the face	<b>DEPENDENT MINOR CHILD NO. 3</b>  <b>Three (3) 2" x 2" Colored Photographs</b>  with plain white background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the face
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**25. INFORMATION ON CHILDREN INCLUDED IN THE PETITION**

The following details about each dependent minor child included in the petition shall be provided below:

	CHILD 1	CHILD 2	CHILD 3
<b>25.a. LAST NAME</b> (Surname or Family Name)			
<b>25.b. FIRST NAME</b> (Given Names)			
<b>25.c. MIDDLE NAME</b> (Mother's Maiden Surname)			
<b>26. SEX</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>27. CIVIL STATUS</b>			
<b>28. DATE OF BIRTH</b>	<i>Date      Month      Year</i>	<i>Date      Month      Year</i>	<i>Date      Month      Year</i>
<b>29. PLACE OF BIRTH</b>			
<b>30. COUNTRY/S OF CITIZENSHIP</b>			
<b>31. COUNTRY OF PERMANENT RESIDENCE</b>			
<b>32. SUPPORTING DOCUMENTS</b>			

**CERTIFICATION**

I hereby certify under oath that all the information in this Application for Re-Acquisition/Retention of Philippine Citizenship, composed of two (2) 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 of the Bureau of Immigration with respect to my application for the issuance of an Identification Certificate (IC), 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. 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 \_\_\_\_\_ 202\_\_ in Frankfurt, Germany, affiant exhibiting to me his/her passport with number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. no.: \_\_\_\_\_  
Book no.: \_\_\_\_\_  
Page no.: \_\_\_\_\_  
Service no.: \_\_\_\_\_  
O.R. no.: \_\_\_\_\_  
Fee paid: Euro 27.50  
Series of: \_\_\_\_\_

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