



**PHILIPPINE CONSULATE GENERAL  
LOS ANGELES, CALIFORNIA**

DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs

Revised as of 10 MAY 2024

**PASSPORT APPLICATION FORM**

THIS FORM IS NOT FOR SALE

**INSTRUCTIONS:**

- **READ CAREFULLY**
- Please PRINT entries legibly using black or blue ink only.
- Supply the necessary information.
- Indicate "N/A" for entries with no answers.
- Tick boxes as appropriate.

ADULT APPLICANT (Check One)	MINOR APPLICANT** **Below 18 years old (Check One)
<input type="checkbox"/> NEW APPLICANT	<input type="checkbox"/> NEW APPLICANT
<input type="checkbox"/> RENEWAL/DAMAGED PASSPORT	<input type="checkbox"/> RENEWAL/DAMAGED PASSPORT
<input type="checkbox"/> LOST PASSPORT	<input type="checkbox"/> LOST PASSPORT
<input type="checkbox"/> DUAL CITIZEN UNDER R.A. 9225	<input type="checkbox"/> DUAL CITIZEN UNDER R.A.9225

APPLICANT'S PASSPORT DETAILS		
LATEST PASSPORT NUMBER	DATE ISSUED	STATUS OF CURRENT PASSPORT (CHECK ONE; LEAVE BLANK IF NEW PASSPORT APPLICANT) <input type="checkbox"/> Passport Intact <input type="checkbox"/> Lost Valid Passport <input type="checkbox"/> Lost Expired Passport <input type="checkbox"/> Damaged Passport

APPLICANT'S IDENTITY			
NAME TO BE PRINTED IN YOUR NEW PH PASSPORT	LAST NAME	FIRST NAME (INCLUDE SUFFIX, I.E. JR., III etc.)	MIDDLE NAME
SEX (CHECK ONE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MONTH-DAY-YEAR) (EX. JULY 23 1962)	PLACE OF BIRTH (IF BORN IN THE PHILIPPINES, WRITE THE MUNICIPALITY/CITY AND PROVINCE. IF BORN OUTSIDE THE PHILIPPINES, WRITE THE COUNTRY)	

CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> ANNULLED/NULLIFIED BY PHILIPPINE COURT <input type="checkbox"/> DIVORCE/ANNULMENT RECOGNIZED BY PHILIPPINE COURT
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NAME OF APPLICANT'S SPOUSE	SPOUSE'S CITIZENSHIP
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ARE THERE CHANGES IN YOUR NAME? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	REASONS FOR NAME CHANGE (CHECK ONE; PRESENT SUPPORTING DOCUMENT/S)	<input type="checkbox"/> APPROVED CORRECTION OF NAME ON PSA BIRTH CERTIFICATE/REPORT OF BIRTH <input type="checkbox"/> APPROVED NAME CHANGE BY PHILIPPINE COURT <input type="checkbox"/> MARRIED WOMAN ADOPTING HUSBAND'S SURNAME
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**APPLICANT'S CONTACT INFORMATION (FOR MINORS, INDICATE PARENT/GUARDIAN'S CONTACT INFORMATION)**

U.S. HOME ADDRESS
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PHONE NUMBER	EMAIL ADDRESS	EMERGENCY CONTACT INFORMATION	NAME	PHONE NUMBER
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**APPLICANT'S PARENTAL HISTORY**

FATHER (FILL UP EVEN IF DECEASED; N/A IF UNKNOWN)	LAST NAME	FIRST NAME	MIDDLE NAME	CITIZENSHIP (AT THE TIME OF APPLICANT'S BIRTH)
MOTHER (FILL UP EVEN IF DECEASED; N/A IF UNKNOWN)	MAIDEN LAST NAME	FIRST NAME	MIDDLE NAME	CITIZENSHIP (AT THE TIME OF APPLICANT'S BIRTH)

**MODE OF ACQUIRING PHILIPPINE CITIZENSHIP (CHECK ONE)**

<input type="checkbox"/> BY BIRTH TO FILIPINO PARENT/S	<input type="checkbox"/> BY NATURALIZATION AS A FILIPINO	<input type="checkbox"/> BY ELECTION AS A FILIPINO	<input type="checkbox"/> BY RECOGNITION AS A FILIPINO	<input type="checkbox"/> BY DUAL CITIZENSHIP UNDER R.A. 9225
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BIRTH STATUS (CHECK ONE)	<input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE <input type="checkbox"/> LEGITIMATED BY PARENTS' SUBSEQUENT MARRIAGE
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ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES (IF YES, FROM WHAT COUNTRY?) <input type="checkbox"/> NO	DID YOU EVER LOSE YOUR PHILIPPINE CITIZENSHIP? <input type="checkbox"/> YES (IF YES, WHAT IS YOUR CURRENT CITIZENSHIP?) <input type="checkbox"/> NO	HAVE YOU SERVED IN ANY FOREIGN MILITARY/ARMED FORCES? <input type="checkbox"/> YES (IF YES, FROM WHICH COUNTRY?) <input type="checkbox"/> NO
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DISTINGUISHING MARKS ON THE FACE
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**FOR MINOR APPLICANTS ONLY:**

Is the Minor subject of an adoption proceeding or in the partial/full care and custody of an orphanage? <input type="checkbox"/> YES. (IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS) <input type="checkbox"/> NO	Is there any court order or legal arrangements pertaining to the Minor? <input type="checkbox"/> YES. (IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS) <input type="checkbox"/> NO
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**All passports will be released by mail only.**  
**Please provide a self-addressed USPS envelope with sufficient prepaid postage and USPS tracking number for easy tracking.**

**DECLARATION OF APPLICANT OR PARENT/GUARDIAN OF MINOR APPLICANT**

I HEREBY DECLARE AND AFFIRM THAT (1) I/the minor applicant am/is a Filipino citizen; (2) I am the parent or legal guardian of the minor applicant; (3) The information provided in this application is true and correct; (4) The attached supporting documents are authentic; (5) I consent to the verification by the Philippine Government of the information I provided to establish my/the minor applicant's personal particulars and further consent to the use of said information for any lawful purpose; (6) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations; (7) I am aware that under the law, I/the applicant am/is only allowed to hold one valid regular Philippine passport at a given time; (8) 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; (9) 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.	SIGNATURE OVER PRINTED NAME OF APPLICANT OR PARENT/LEGAL GUARDIAN DATE SIGNED :
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**DO NOT WRITE BELOW THIS LINE. FOR THE CONSULATE GENERAL'S USE ONLY.**

REMARKS	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT	RELEASED NEW PASSPORT
PROCESSOR'S SIGNATURE	ENCODER'S SIGNATURE	Applicant /Representative or Parent/Legal Guardian's Signature over Printed Name	Applicant /Representative or Parent/Legal Guardian's Signature over Printed Name