



REPUBLIC OF THE PHILIPPINES  
 PHILIPPINE EMBASSY  
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FORM NO. 4 – NEW PASSPORT FOR MINORS

Date of application: (ex. 01 JAN 2021)
_____
D D M M M Y Y Y Y

**NEW REGULAR PASSPORT APPLICATION FORM (MINOR)**

Minors are those below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental ability or condition (RA No. 7610)

INSTRUCTIONS: Please type or print entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Check boxes as appropriate.  
 This form is not for sale.

<b>CAPTURE SITE PRE-PROCESSING (Do not write on this part)</b>		
APPOINTMENT VERIFICATION:		REMARKS:
<b>PASSPORT APPLICANT'S INFORMATION</b>		
1. LAST NAME		
_____		
2. FIRST NAME		
_____		
3. MIDDLE NAME		
_____		
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 Jan 2017) _____	6. PLACE OF BIRTH (If born in the PHL: Municipality/City & Province / If born abroad: Country) _____
7a. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP? (RA No. 9225) <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RECOGNITION <input type="checkbox"/> BY DERIVATIVE CITIZENSHIP		
8. STATUS OF BIRTH: <input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE	9. DISTINGUISHING MARKS ON FACE: _____	
10. IS THE APPLICANT CURRENTLY THE SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE? <input type="checkbox"/> YES (IF YES, PLEASE PROVIDE DOCUMENTS) <input type="checkbox"/> NO		
11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENTS PERTAINING TO THE CHILD? <input type="checkbox"/> YES (IF YES, PLEASE PROVIDE DOCUMENTS) <input type="checkbox"/> NO		
<b>APPLICANT'S CONTACT INFORMATION</b>		
12. MOBILE PHONE OF PARENT/GUARDIAN: _____	13. WORK PHONE OF PARENT/GUARDIAN: _____	
14. PERSONAL EMAIL ADDRESS OF PARENT/GUARDIAN: _____		
15a. PRESENT ADDRESS IN SPAIN: _____		
15b. HOME ADDRESS IN THE PHILIPPINES: _____		

<b>PARENTS' INFORMATION</b>		
<b>16. FATHER'S DETAILS</b>	<b>17. MOTHER'S DETAILS</b>	
Last Name: _____	Last Name: _____	
First Name: _____	First Name: _____	
Middle Name: _____	Middle Name: _____	
Citizenship (at the time of applicant's birth): _____	Citizenship (at the time of applicant's birth): _____	
<b>DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT</b>		
<p><b>I HEREBY DECLARE AND AFFIRM</b> that 1) The applicant is a Filipino citizen. 2) I am the parent or legal guardian of the minor. 3) The information provided in this application is true and correct. 4) The supporting documents attached are authentic. 5) I consent to the verification by the Philippine Government of the information I provided to establish the applicant's personal particulars and further consent to its use for any lawful purpose. 6) I am aware that the information provided in this applicant will be treated in accordance with relevant privacy regulations. 7) I am aware that under the law, the applicant 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 ground 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.</p>		
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div>		
19. SIGNATURE OVER PRINTED NAME OF PARENT OR LEGAL GUARDIAN	20. DATE (ex. 01 Jan 2021)	
<b>DO NOT WRITE BELOW THIS LINE. FOR EMBASSY USE ONLY.</b>		
<b>PROOF OF CITIZENSHIP SUBMITTED</b> <input type="checkbox"/> Birth Certificate from the Philippine Statistics Authority (PSA) <input type="checkbox"/> Report of Birth from PSA/Philippine Embassy/Consulate <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Identification Certificate of Citizenship <input type="checkbox"/> Others: _____	<b>IDENTITY DOCUMENT SUBMITTED:</b> <input type="checkbox"/> School Identity Card <input type="checkbox"/> DSWD Clearance <input type="checkbox"/> Others: _____	<b>OTHER SUPPORTING DOCUMENTS:</b> <input type="checkbox"/> Parent/Guardian's ID <input type="checkbox"/> Affidavit of Consent to Travel/Special Power of Attorney <input type="checkbox"/> Court Decree on Adoption/Guardianship <input type="checkbox"/> Others: _____
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT Parent or Legal Guardian's Signature:
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:
OFFICIAL RECEIPT/PAYMENT SLIP NO.:		DATE OF TRANSACTION: