



REPUBLIC OF THE PHILIPPINES
 PHILIPPINE EMBASSY
 MADRID, SPAIN
 WWW.PHILEMBASSYMADRID.COM
 TEL. 917 823 830 / FAX: 914 116 606
 EMAIL: madrid.pe@dfa.gov.ph

FORM N^o. 2 – PASSPORT RENEWAL FOR ADULTS

Date of application: (ex. 01 JAN 2021)

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 D D M M M Y Y Y Y

REGULAR PASSPORT RENEWAL APPLICATION FORM (ADULT)

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.

CAPTURE SITE PRE-PROCESSING (Do not write on this part)		
APPOINTMENT VERIFICATION:		REMARKS:
PASSPORT APPLICANT'S INFORMATION		
1. LAST NAME		

2. FIRST NAME		

3. MIDDLE NAME or MAIDEN LAST 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) _____
7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> NULLIFIED/ ANNULLED <input type="checkbox"/> DIVORCED	8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION (RA 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION	8b. DID YOU EVER LOSE YOUR PH CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8d. IF YES, FROM WHAT COUNTRY? _____ 8e. HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8f. IF YES, IN WHAT COUNTRY? _____
APPLICANT'S CONTACT INFORMATION		
9a. PRESENT ADDRESS IN SPAIN: _____		
9b. HOME ADDRESS IN THE PHILIPPINES: _____		
10. TELEPHONE/MOBILE NUMBER: _____		
12. EMAIL ADDRESS: _____		
13. APPLICANT'S SPOUSE'S NAME: _____		

14a. PERSON TO CONTACT IN CASE OF EMERGENCY: _____		14b. TELEPHONE/MOBILE NO. OF PERSON TO BE NOTIFIED: _____
PARENTS' INFORMATION		APPLICANT'S PASSPORT DETAILS
15. FATHER'S DETAILS Last Name: _____	16. MOTHER'S DETAILS Last Name: _____	17a. PASSPORT NUMBER: _____
First Name: _____	First Name: _____	17b. DATE OF ISSUE: _____
Middle Name: _____	Middle Name: _____	17c. DATE OF EXPIRY: _____
Citizenship (at the time of applicant's birth): _____	Citizenship (at the time of applicant's birth): _____	17d. ISSUING AUTHORITY: _____
STATUS OF CURRENT PASSPORT		
19. Please choose as applicable: <input type="checkbox"/> Passport Intact <input type="checkbox"/> Passport Damaged (to submit Affidavit of Explanation)		<input type="checkbox"/> Lost Valid Passport • Affidavit of Loss • Police Report in English <input type="checkbox"/> Lost Expired Passport • Affidavit of Explanation
DECLARATION OF APPLICANTS		
I HEREBY DECLARE AND AFFIRM 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 give my 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 or 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.		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		_____
20. SIGNATURE OVER PRINTED NAME		21. DATE (ex. 01 January 2021)
DO NOT WRITE BELOW THIS LINE. FOR EMBASSY USE ONLY.		
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RECEIVED CANCELLED PASSPORT: _____
		SIGNATURE OF APPLICANT
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:
OFFICIAL RECEIPT/PAYMENT SLIP NO.:	DATE OF TRANSACTION:	