

REGULAR PASSPORT APPLICATION FORM (MINOR)

PHILIPPINE EMBASSY IN MADRID

Calle Eresma 2, 28002 Madrid, Spain

Tel. 917 823 830 / Fax: 914 116 606

Webpage: www.philembassymadrid.com Email: madrid.pe@dfa.gov.ph

THIS FORM IS NOT FOR SALE

DATE OF APPLICATION:

D	D	M	M	M	Y	Y	Y	Y	

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 disability or condition (RA No. 7610).

INSTRUCTIONS: Please PRINT entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Tick (v) boxes as appropriate.

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																		
4. SEX	5. DATE OF BIRTH (ex. 01 Jan 2017)	6. PLACE OF BIRTH																
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">D</td> <td align="center">D</td> <td align="center">M</td> <td align="center">M</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">Y</td> <td align="center">Y</td> </tr> </table>									D	D	M	M	M	Y	Y	Y	(For born in the PHL: Municipality/City & Province For born outside the PHL: Country) _____
D	D	M	M	M	Y	Y	Y											
7a. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP?																		
<input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RECOGNITION <input type="checkbox"/> BY DERIVATIVE CITIZENSHIP (RA No. 9225)																		
7b. HAS THE APPLICANT EVER BEEN ISSUED A REGULAR PHILIPPINE PASSPORT?																		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PASSPORT NO.: _____																		
8. STATUS OF BIRTH	9. DISTINGUISHING MARKS ON FACE:																	
<input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE																		
10. IS THE APPLICANT CURRENTLY THE SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE?																		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.																		
11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENTS PERTAINING TO THE CHILD?																		
<input type="checkbox"/> YES, THERE IS. <input type="checkbox"/> NONE THAT I KNOW OF. IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.																		

APPLICANT'S CONTACT DETAILS

12. MOBILE PHONE OF PARENT/GUARDIAN:	13. WORK PHONE OF PARENT/GUARDIAN:
14. PERSONAL E-MAIL OF PARENT/GUARDIAN:	
15a. PRESENT ADDRESS:	
15b. HOME ADDRESS:	
16. WHERE DO YOU WISH YOUR PASSPORT TO BE DELIVERED?	
<input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> HOME ADDRESS	

PARENTAL INFORMATION

16. FATHER'S DETAILS	17. MOTHER'S DETAILS
Last Name	Last Name
First Name	First Name
Middle Name	Middle Name
Citizenship <i>(at time of applicant's birth)</i>	Citizenship <i>(at time of applicant's birth)</i>

DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT

I HEREBY DECLARE AND AFFIRM 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. 4) 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. 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, the applicant is only allowed to hold 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.

**19. SIGNATURE OVER PRINTED NAME
 OF PARENT OR LEGAL GUARDIAN**

20. DATE (ex. 01 JAN 2017)

DO NOT WRITE BELOW THIS LINE. FOR THE EMBASSY USE ONLY.

PROOF OF CITIZENSHIP SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE from Philippine Statistics Authority <input type="checkbox"/> REPORT OF BIRTH from PHL Statistics Authority/PHL Embassy or Consulate <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE of CITIZENSHIP <input type="checkbox"/> Others: _____	IDENTITY DOCUMENT SUBMITTED <input type="checkbox"/> SCHOOL IDENTITY CARD <input type="checkbox"/> DSWD CLEARANCE <input type="checkbox"/> Others: _____	OTHER SUPPORTING DOCUMENTS <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:
---	-----------------------------

--	--

END