

13. APPLICANT'S SPOUSE'S NAME:		
14a. PERSON TO CONTACT IN CASE OF EMERGENCY:	14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:	
PARENTAL INFORMATION		APPLICANT'S PASSPORT DETAILS
15.FATHER'S DETAILS Last Name:	16.MOTHER'S DETAILS(Maiden) Last Name:	17a.PASSPORT NUMBER
First Name:	First Name:	17b.DATE OF ISSUE
Middle Name:	Middle Name:	17c.DATE OF EXPIRY
Citizenship <i>(at time of applicant's birth)</i>	Citizenship <i>(at time of applicant's birth)</i>	17d.ISSUING AUTHORITY
STATUS OF CURRENT PASSPORT		
19. Please choose as applicable: <input type="checkbox"/> Passport Intact <input type="checkbox"/> Damaged Passport <ul style="list-style-type: none"> • Affidavit of Explanation 		<input type="checkbox"/> Lost Valid Passport <ul style="list-style-type: none"> • Affidavit of Loss • Police Report in English <input type="checkbox"/> Lost Expired Passport <ul style="list-style-type: none"> • Affidavit of Explanation
DECLARATION OF APPLICANTS		
<p>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 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 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.</p>		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 20. SIGNATURE OVER PRINTED NAME		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 21. DATE (ex. 01 Jan 2017)
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.		
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:
PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:	
OFFICIAL RECEIPT/PAYMENT SLIP NO:	DATE OF TRANSACTION:	

END