



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS  
**E- PASSPORT APPLICATION**

Notes:

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.  
PROVIDING FALSE STATEMENT IS PUNISHABLE BY LAW (R.A. 8239)

Foreign Service Post:  BERNE  GENEVA

<b>LAST NAME</b>	<input type="text"/>	<b>PLACE OF BIRTH</b>	<input type="text"/>
<b>FIRST NAME</b>	<input type="text"/>	<b>DATE OF BIRTH</b>	<input type="text"/>
<b>MIDDLE NAME</b>	<input type="text"/>	<b>GENDER:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>CIVIL STATUS</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		
<b>APPLICANT'S SPOUSE</b> <small>(First-Middle-Last Name)</small>	<input type="text"/>	<b>CITIZENSHIP</b>	<input type="text"/>
<b>APPLICANT'S FATHER</b> <small>(First-Middle-Last Name)</small>	<input type="text"/>	<b>CITIZENSHIP</b>	<input type="text"/>
<b>APPLICANT'S MOTHER</b> <small>(First-Middle-Last Name)</small>	<input type="text"/>	<b>CITIZENSHIP</b>	<input type="text"/>

<b>ADDRESS in CH</b>	<input type="text"/>		
<b>MOBILE # in CH</b>	<input type="text"/>	<b>TEL. NO.</b>	<input type="text"/>
<b>OCCUPATION</b>	<input type="text"/>	<b>EMAIL ADDRESS</b>	<input type="text"/>
<b>WORK ADDRESS</b>	<input type="text"/>		
<b>ADDRESS in PHILIPPINES</b>	<input type="text"/>	<b>CONTACT # in PHILIPPINES</b>	<input type="text"/>

**Citizenship Acquired By:**  Birth  Election  Naturalization  Marriage  Dual Citizenship  Others

<b>Are you a holder of a foreign passport?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, from which country?</b> _____	<b>Have you ever been issued a Philippine Passport?</b> <b>If Yes, Latest Passport Number:</b> _____ <b>Date of Issue:</b> _____ <b>Place of Issue:</b> _____
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<b>(for Applicants below 18 years old ONLY)</b> Name of minor's travelling companion: _____ Companion's Relationship: _____ Address: _____ Contact Number of Companion: _____	<b>(for Replacement of Lost Passport ONLY)</b> Lost Passport Number: _____ Issued on: _____ Issued by: _____
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I SOLEMNLY SWEAR that: 1) I am a Filipino Citizen; 2) The information I provided in this application are true and correct; 3) The supporting documents attached are authentic; 4) I have not been issued a passport under any other name; 5) I am aware that under the law, I am allowed to hold only one passport at any given time; 6) I am aware that making false statements and furnishing falsified or forged documents are punishable by law.

Signature over Printed Name of Applicant

**EMBASSY/ CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES**

**Processor:**  **Encoder:**  **Signing Officer:**

**Received Cancelled Passport:**  **Received New Passport:**

**Remarks:**

Date: \_\_\_\_\_  
Service No.: \_\_\_\_\_  
O.R. No.: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_