Form No. 3 - ENGLISH

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

THIS FORM IS NOT FOR SALE

## **DEPARTMENT OF FOREIGN AFFAIRS**

Office of Consular Affairs Last Revision: 07 October 2017

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

are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability or condition (R.A. 7610).

Site : CHICAGO SITE
Date/Time :
Booking Reference No. :

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

with no answers. Tick ( $$ ) 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						
MALE (For born in the PHL: MUNICIPALITY/CITY & PROVINCE						
FEMALE  D D M M M M Y Y Y Y  For born outside the PHL: COUNTRY)						
7a. HOW DID YOU ACQUIRE PHL CITIZENSHIP?						
BY BIRTH BY NATURALIZATION BY RECOGNITION BY DERIVATIVE CITIZENSHIP (RA 9225)						
VISA STATUS :						
7b. HAS THE APPLICANT EVER BEEN ISSUED A REGULAR PHILIPPINE PASSPORT?						
YES NO. IF YES, PLEASE PROVIDE PASSPORT NO.:						
STATUS OF BIRTH  9. DISTINGUISHING MARKS ON FACE:						
LEGITIMATE LILLEGITIMATE						
10. IS THE APPLICANT CURRENTLY THE SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE?						
YES NO IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.						
11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENTS PERTAINING TO THE CHILD?						
YES, THERE IS NONE THAT I KNOW OF. IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.						
APPLICANT'S CONTACT INFORMATION						
12. MOBILE PHONE OF PARENT/GUARDIAN:  13. WORK PHONE OF PARENT/GUARDIAN:						
14. PERSONAL E-MAIL ADDRESS OF PARENT/GUARDIAN:						
9a. PRESENT ADDRESS						
OL HOME ADDRESS.						
9b. HOME ADDRESS:						
10. WHERE YOU DO WISH YOUR PASSPORT TO BE DELIVERED? ☐ PRESENT ADDRESS ☐ HOME ADDRESS						
Philippine Consulate General, Chicago www.chicagopcg.com Page 1 of 2						

RECEIVED : CANCE	ELLED/ UNCANCELLED PASSPORT	
Signature and Date :		

	PARENTAL	INFORMATION			
16, FATHER'S DETAILS		17. MOTHER'S DETAILS			
Last Name:		Last Name:			
First Name:		First Name:			
Middle News		Middle Ners :			
Middle Name:		Middle Name:			
Citizenship (at the time of applicant's birth)		Citizenship (at the time of applicant's birth)			
C		(			
DECLARATION OF PA	ARENT OR LE	GAL GUARDIAN OF	THE APPLICANT		
of the minor. 3) The information provide attached are authentic. 5) I consent to provided to establish my personal particuthat the information provided in this appli I am aware that under the law, I am allow I am aware that making false statements are punishable by fine or imprisonment, a accept that the release of the passport of the Department of Foreign Affairs.	ed in this applet the verification ulars, and furth ication will be to the total on the total products in this passpoand grounds for	ication is true and corron by the Philippine Gover consent to its use for treated in accordance who are valid regular Phiort application and furnior suspension or denial	ect. 4) The supporting documents overnment of the information that I r any lawful purpose. 6) I am aware with relevant privacy regulations. 7) lippine passport at a given time. 8) shing falsified or forged documents of application. 9) I understand and		
19. SIGNATURE OVER PRINTED NAME OF PARENT OR LEGAL GUARDIAN		20. DATE (ex. 01 Jan 2018)			
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY					
PROOF OF CITIZENSHIP SUBMITTED	□ Others:				
☐ BIRTH CERTIFICATE (from PSA)					
☐ REPORT OF BIRTH (from PSA or					
Consulate/Embassy)			☐ AFFIDAVIT OF CONSENT TO		
☐ CERTIFICATE OF NATURALIZATION			TRAVEL/SPECIAL POWER OF ATTORNEY		
☐ DUAL IDENTIFICATION CERTIFICATE			☐ COURT DECREE ON		
☐ Others:			ADOPTION/GUARDIANSHIP		
			☐ Others :		
REMARKS:		PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT Parent or Legal Guardian's Signature:		
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:			
		I			
OFFICIAL RECEIPT/PAYMENT SLIP N					