



**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS
PHILIPPINE CONSULATE GENERAL
SAN FRANCISCO**



APPLICATION FOR PHILIPPINE TRAVEL DOCUMENT

PLEASE PROVIDE REQUIRED INFORMATION COMPLETELY AND PRINT LEGIBLY.

LAST NAME		
MIDDLE NAME		
FIRST NAME		
DATE OF BIRTH (MONTH / DAY / YEAR)	SEX	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	AGE	
CIVIL STATUS	OCCUPATION	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER		
DISTINGUISHING MARK, IF ANY:		

2" x 2" PHOTO

FOUR (4) PIECES

COLORED, PLAIN WHITE
BACKGROUND, TAKEN
WITHIN LAST SIX MONTHS

NAME OF SPOUSE, IF MARRIED	CITIZENSHIP OF SPOUSE
IF WIDOWED OR DIVORCED, NAME OF PREVIOUS SPOUSE	CITIZENSHIP OF PREVIOUS SPOUSE
NAME OF FATHER (FIRST NAME, LAST NAME)	CITIZENSHIP (AT TIME OF APPLICANT'S BIRTH)
MAIDEN NAME OF MOTHER (FIRST NAME, LAST NAME)	CITIZENSHIP (AT TIME OF APPLICANT'S BIRTH)

US ADDRESS	PHONE NO. / MOBILE NO.:
PHILIPPINE ADDRESS	E-MAIL:

PHILIPPINE CITIZENSHIP ACQUIRED BY:	HAVE YOU EVER BEEN ISSUED A PHILIPPINE PASSPORT?
<input type="checkbox"/> BIRTH	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> NATURALIZATION	IF YES, LATEST PASSPORT NO.
<input type="checkbox"/> ELECTION	
<input type="checkbox"/> R.A. 9225 (DUAL CITIZENSHIP LAW)	DATE OF ISSUE
<input type="checkbox"/> OTHER: _____	PLACE OF ISSUE

REASON FOR APPLYING A TRAVEL DOCUMENT:

I SOLEMNLY SWEAR that the attached photograph is mine, that the statements made on this application form are true and that the attached supporting documents are authentic.

SIGNATURE OF APPLICANT

IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.

SUBSCRIBED AND SWORN to before me this ____ day of _____ 20__ in _____

NOTARY PUBLIC

SEAL OF NOTARY PUBLIC