

TRAVEL DOCUMENT APPLICATION FORM

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
Oslo, Norway

TD NO: _____

Instructions: Please PRINT entries legibly using black or blue ink. Supply the necessary information and indicate "N/A" for entries with no answer. Check (✓) boxes as appropriate. For documentary requirements, please see the Embassy's website: <https://www.philembassy.no/consular-services/passport>

APPLICANT'S INFORMATION			
LAST NAME		Applicant's recent picture, front view, without glasses (passport size) Do not attach scanned pictures. SUBMIT - 4 (FOUR) PIECES	
FIRST NAME			
MIDDLE NAME			
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH ____/____/____ DD MMM YYYY	AGE:	PLACE OF BIRTH: (For born in the PHL: Municipality/City & Province) (For born outside of the PHL: Country)
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Others		
OCCUPATION			

HOW DID YOUR ACQUIRE YOUR PHILIPPINE CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION (RA No. 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION			
DID YOU EVER LOSE PHILIPPINE CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, FROM WHAT COUNTRY? _____			
HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, FROM WHAT COUNTRY? _____			

APPLICANT'S CONTACT INFORMATION	
COMPLETE ADDRESS ABROAD	TELEPHONE NO.
PHILIPPINE HOME ADDRESS	TELEPHONE NO.
E-MAIL ADDRESS	
If married, name spouse	Citizenship:
PERSON TO CONTACT IN CASE OF EMERGENCY:	TELEPHONE NO.

FATHER'S DETAILS		MOTHER'S MAIDEN NAME	
LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME	
MIDDLE NAME		MIDDLE NAME	
CITIZENSHIP (AT THE TIME OF APPLICANT'S BIRTH)		CITIZENSHIP (AT THE TIME OF APPLICANT'S BIRTH)	

APPLICANT'S PASSPORT DETAILS			
PASSPORT NUMBER		STATUS OF CURRENT PASSPORT	
DATE OF ISSUE		PASSPORT INTACT	<input type="checkbox"/>
PLACE OF ISSUE		PASSPORT EXPIRED	<input type="checkbox"/>
ISSUING AUTHORITY		PASSPORT LOST	<input type="checkbox"/>

DECLARATION OF APPLICANT
<i>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 travel document application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application.</i>
_____ SIGNATURE OVER PRINTED NAME
_____ DATE

DO NOT WRITE BELOW THIS LINE, FOR THE EMBASSY'S USE ONLY		
REMARKS	PASSPORT WATCHLIST VERIFICATION	RETURNED CANCELLED PASSPORT, SIGNATURE OF APPLICANT:
PROCESSOR		
OFFICIAL RECEIPT		DATE OF TRANSACTION