



EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
Oslo, Norway

THIS FORM IS NOT FOR SALE

Last Revision: JULY 2018

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 abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition (RA No. 7610)

Site: OSLO 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 entries with no answers. Tick (✓) boxes as appropriate.

PASSPORT APPLICANT'S INFORMATION		
1. LAST NAME		
2. FIRST NAME		
3. MIDDLE NAME		
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 Jan 2017) D D M M M Y Y Y Y	6. PLACE OF BIRTH (For born in the PHL: Municipality/City & Province For born outside the PHL: Country) _____
7a. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RECOGNITION <input type="checkbox"/> BY DERIVATIVE CITIZENSHIP (RA No. 9225)		
7b. HAS THE APPLICANT EVER BEEN ISSUED A REGULAR PHILIPPINE PASSPORT? <input type="checkbox"/> YES IF YES, PLEASE PROVIDE, PASSPORT NO : _____ <input type="checkbox"/> NO DATE OF ISSUE : _____ PLACE OF ISSUE : _____		
8. STATUS OF BIRTH <input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE	9. DISTINGUISHING MARKS ON FACE:	
10. IS THE APPLICANT CURRENTLY THE SUBJECT OF AN ADOPTION PROCESS OR PARTIALLY/FULLY IN THE CARE OF AN ORPHANAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.		
11. IS THERE ANY COURT ORDER OR LEGAL ARRANGEMENTS PERTAINING TO THE CHILD? <input type="checkbox"/> YES, THERE IS. <input type="checkbox"/> NONE THAT I KNOW OF. IF YES, PLEASE PROVIDE PERTINENT DOCUMENTS.		
APPLICANT'S CONTACT DETAILS		
12. MOBILE PHONE OF PARENT/GUARDIAN:	13. WORK PHONE OF PARENT/GUARDIAN:	
14. PERSONAL E-MAIL OF PARENT/GUARDIAN:		
15a. PRESENT ADDRESS:		
15b. PHILIPPINE ADDRESS:		
16. WHERE DO YOU WISH THE PASSPORT TO BE DELIVERED? <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> PICK-UP AT THE EMBASSY		

_____ PICK - UP _____ MAIL W/ ENVELOP & STAMPS
_____ MAIL TO SEND ENVELOP & STAMPS

OFFICIAL RECEIPT: _____
SN : _____

PARENTAL INFORMATION

17. FATHER'S DETAILS	18. MOTHER'S MAIDEN DETAILS
Last Name	Last Name
First Name	First Name
Middle Name	Middle Name
Citizenship <i>(at time of applicant's birth)</i>	Citizenship <i>(at time of applicant's birth)</i>

STATUS OF CURRENT PASSPORT

19. Please choose as applicable:		
<input type="radio"/> Passport Intact <input type="radio"/> Damaged Passport Affidavit of Explanation	<input type="radio"/> Lost Valid Passport • Affidavit of Loss • Police Report in English	<input type="radio"/> Lost Expired Passport • Affidavit of Loss

DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT

I HEREBY DECLARE AND AFFIRM that 1) The applicant is a Filipino citizen. 2) I am the parent or legal guardian of the minor. 3) The information provided in this application is true and correct. 4) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish the applicant's 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, the applicant is only allowed to hold 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.

20. 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 <input type="radio"/> BIRTH CERTIFICATE from Philippine Statistics Authority <input type="radio"/> REPORT OF BIRTH from PHL Statistics Authority/PHL Embassy or Consulate <input type="radio"/> CERTIFICATE OF NATURALIZATION IDENTIFICATION CERTIFICATE of CITIZENSHIP <input type="radio"/> Others:	PROOF OF CITIZENSHIP SUBMITTED <input type="radio"/> School Identity Card <input type="radio"/> DSWD Clearance <input type="radio"/> Others:	OTHER SUPPORTING DOCUMENTS <input type="radio"/> PARENT/GUARDIAN'S ID <input type="radio"/> AFFIDAVIT OF CONSENT TO TRAVEL/SPECIAL POWER OF ATTORNEY <input type="radio"/> COURT DECREE ON ADOPTION/GUARDIANSHIP <input type="radio"/> Others:
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REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT Parent or Legal Guardian's Signature:
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PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:
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OFFICIAL RECEIPT/PAYMENT SLIP NO.:	DATE OF TRANSACTION:
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END