Date/Time: Day, DDMon YYYY/0000HR

Site: TORONTO PCG

Booking Reference No.\_\_

## **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 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 (RA No. 7610)

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.								
CURRENT PASSPORT DETAILS								
PASSPORT NUMBER:		ISSUING AUTHORITY:						
DATE OF ISSUE:		DATE OF EXPIRY:	EXPIRY:					
PASSPORT APPLICANT'S INFORMATION								
1. LAST NAME								
2. FIRST NAME								
3. MIDDLE NAME or MAIDEN LAST NAME								
4. SEX  MALE  FEMALE	5. DATE OF BIRTH (ex. 01 D D M M M	(For born ir	<b>OF BIRTH</b> PHL: Municipality/City & Province tside PHL: Country)					
7. HOW DID THE APPLICANT ACQUIRE PHL CITIZENSHIP?  BY BIRTH BY NATURALIZATION BY RECOGNITION BY DERIVATIVE CITIZENSHIP (RA No. 9225)								
8. STATUS OF BIRTH LEGITIMATE 9. DISTINGUISHING MARKS ON FACE								
10. IS THE APPLICANT CURRENTLY 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 PARENT/GUARDIAN CONTACT INFORMATION								
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:								
OFFICIAL RECEIPT/PA	YMENT SLIP NO.:	DATE OF TRANSACTI	ON:					

APPLICANT'S PARENTAL INFORMATION								
16. <b>FATHER'S DETAI</b>	LS		17. MOTHER'S DETAILS (MAIDEN /SINGLE NAME)					
Last Name:		Last Name:						
First Name:			First Name:					
Middle Name:		Middle Name:						
Citizenship (at time o		Citizenship (at time of applicant's birth)						
STATUS OF CURRENT PASSPORT (for renewal of Passport)								
19. Please choose as applicable:			☐ Lost Valid Passport					
Passport Intact			Affidavit of Loss    Police Report in English     Affidavit of Loss    Police Report in English					
Damaged Pa	-		Lost Expired Passport					
	of Explanation		Affidavit of Explanation					
18. HOW DO YOU WISH TO RECEIVE YOUR PASSPORT? PICK-UP BY MAIL (Pls. Provide Xpress Post Env.)								
WAIVER OF LIABILITY								
I waive any & all claims that may now and in the future have against, & the release & hold free from any responsibility or								
liability & agree not to sue the Philippine Consulate in Toronto or any of its officers & staff or its agents/representatives for any								
personal injury, expense, loss or damage that I may suffer or sustain as a result or by reason of the mailing of my passport/documents using the services of Canada Post or courier.								
• •	sing the services of Ca	anada Post or courie		Cianaturo.				
Mail Tracking No:	ECLARATION OF	DADENT OF LEG		Signature:		IC A NIT		
						ent or legal guardian of the		
minor. 3) The information provided in this application are 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 the								
applicant's personal particulars, and further consent to issue 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 the release of the								
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passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs.								
20. SIGNATURE OVER PRINTED NAME 21. DATE (ex. 01 Jan 2017)								
OF PARENT OR LE					•	,		
PROOF OF CITIZENSHI	DENTITY DOCUMEN	ENTITY DOCUMENT SUBMITTED: OTHI			PPORTING DOCUMENTS:			
☐ BIRTH CERTIFICATE from Philippine		☐ SCHOOL IDEN	☐ SCHOOL IDENTITY CARD		☐ PARENT/GUARDIAN'S ID			
Statistics Authority  REPORT OF BIRTH from PHL		☐ DSWD CLEARANCE		☐ AFFIDAVIT OF CONSENT TO				
Statistics Authority/PHL Embassy or		<u> </u>		TRAVEL/SPECIAL POWER OF ATTORNEY				
Consulate		Others:		☐ COURT DECREE ON				
☐ CERTIFICATE OF NATURALIZATION ☐ IDENTIFICATION CERTIFICATE of					PTION/GUARDIANSHIP			
CITIZENSHIP		<b>I</b>				S:		
Others:								
PROCESSOR'S	WATCHLIST	Parent or Legal Guardian's Signature to receive:						
SIGNATURE: VERIFICATION:		BORROWED CANCEL						
		PASSPORT		PASSPO	DRI			
REMARKS:			SIGNATURE					
			ENCODER: SIGNING OFFICER:					