



DEPARTMENT OF FOREIGN AFFAIRS

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).

Site: **VANCOUVER PCG**

Appointment Time: _____

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:	
Please choose as applicable: <input type="checkbox"/> Passport Intact <input type="checkbox"/> Damaged Passport • Affidavit of Explanation		<input type="checkbox"/> Lost Valid Passport • Affidavit of Loss • Police Report or File Number <input type="checkbox"/> Lost Expired Passport • Affidavit of Explanation	

PASSPORT APPLICANT'S INFORMATION

1. LAST NAME			
[Grid for last name]			
2. FIRST NAME			
[Grid for first name]			
3. MIDDLE NAME or MAIDEN LAST NAME			
[Grid for middle name]			
4. SEX		5. DATE OF BIRTH (ex. 01 Jan 2018)	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		[Grid for date of birth] <i>D D M M M Y Y</i>	
6. PLACE OF BIRTH (For born in PHL: Municipality/City & Province For born outside PHL: Country)			
7. PRESENT ADDRESS:			
8. PHILIPPINE ADDRESS:			
9. MOBILE PHONE OF PARENT/GUARDIAN:		10. WORK PHONE OF PARENT/GUARDIAN:	
11. PERSONAL E-MAIL OF PARENT/GUARDIAN:			

PARENTAL INFORMATION

12. FATHER'S DETAILS		13. MOTHER'S DETAILS (MAIDEN /SINGLE NAME)	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Citizenship (at time of applicant's birth)		Citizenship (at time of applicant's birth)	

OFFICIAL RECEIPT	SERVICE NUMBER	FEE PAID	DATE OF TRANSACTION:

APPLICANT'S OTHER INFORMATION	
14. 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)	
15. STATUS OF BIRTH <input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE	16. DISTINGUISHING MARKS ON FACE:
17. IS THE APPLICANT CURRENTLY 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.	
18. 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.	

DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT

I HEREBY DECLARE AND AFFIRM that **1)** The minor applicant is a Filipino Citizen. **2)** I am the parent or legal guardian of the minor. **3)** The information provided in this application are true and correct. **4)** The supporting documents attached are authentic. **5)** 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. **6)** I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. **7)** I am aware that under the law, the applicant is only allowed to hold one valid regular Philippine passport at a given time. **8)** 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. **9)** I confirm that all original documents were returned to me. **10)** I understand and accept the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs. **11)** I understand that the Philippine Consulate General shall not be responsible for any loss, expense, or damage to my documents that may be sustained as a result or by reason of the mailing of my passport/documents using the services of Canada Post or my preferred courier. **12)** In case of "Return to Sender", I agree to reimburse the Consulate for the penalty and any expense incurred for the re-mailing.

19. SIGNATURE OVER PRINTED NAME OF PARENT OR LEGAL GUARDIAN	20. DATE (ex. 01 Jan 2018)
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PROOF OF CITIZENSHIP SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE <i>from Philippine Statistics Authority</i> <input type="checkbox"/> REPORT OF BIRTH <i>from PHL Statistics Authority/PHL Embassy or Consulate</i> <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE of CITIZENSHIP <input type="checkbox"/> Others: _____	TO PARENT OR LEGAL GUARDIAN OF <u>MINOR</u> APPLICANT: FOR THE COMPLETE LIST OF THE CORE REQUIREMENTS AND SUPPORTING DOCUMENTS FOR NEW OR RENEWAL PASSPORT APPLICATIONS FOR <u>MINORS</u> (BELOW 18 YEARS OF AGE), PLEASE REFER TO PAGE 3 OF FORM NO. 3.
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PROCESSOR'S SIGNATURE: 	WATCHLIST VERIFICATION: 	Parent or Legal Guardian's Signature to receive:		
		BORROWED PASSPORT	CANCELLED PASSPORT	NEW PASSPORT

REMARKS: 	SIGNATURE
	ENCODER: _____ SIGNING OFFICER: _____