


REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS
MANILA

NOT FOR SALE

MACHINE READABLE PASSPORT APPLICATION

DDL-DCFG-EPE Rev. September, 2007

PLEASE PROVIDE CORRECT INFORMATION AND DO NOT LEAVE SPACES BLANK.

<u>DE JESUS</u> LAST NAME / APELYIDO		
<u>MIGUEL</u> FIRST NAME / PANGALAN (Jr. / II / III)	<u>11-September-1991</u> DATE OF BIRTH (Ex. 01-January-2000)	
<u>DELA CRUZ</u> MIDDLE NAME / GITNANG PANGALAN	<u>QUEZON CITY</u> PLACE OF BIRTH / POOK NG KAPANGANAKAN	
GENDER / KASARIAN: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

Civil Status: Single Maiden or Single Name of Wife / Name of Husband (If applicable) N/A

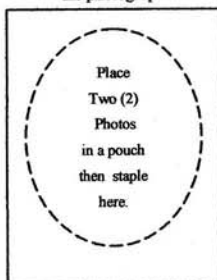
Complete Mailing Address # 96 Santolan Street, Quezon City Tel. No. _____
Present Occupation Waiter Country of Destination USA Mobile No. 0919 1234567
Office Address # 108 Pinyahan Street, Quezon City Tel. No. 02-765-4321

Name of Father JUAN ANIBAN DE JESUS Citizenship FILIPINO
Maiden / Single Name of Mother MARIA CORPUZ DELA CRUZ Citizenship FILIPINO

Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Election <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/> R.A. 9225 <input type="checkbox"/> Others _____	Purpose of Travel: <input type="checkbox"/> Tour <input type="checkbox"/> Business <input type="checkbox"/> Migration <input type="checkbox"/> Study <input checked="" type="checkbox"/> Work <input type="checkbox"/> Others _____
Are you a holder of a foreign passport? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, from what country? _____	Have you ever been issued a Philippine Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Latest Passport Number: _____ Date of Issue: _____ Place of Issue: _____
This serves as Affidavit of Support and Consent to Travel (for applicants below 18 years old ONLY) Name of minor's traveling companion: _____ Companion's Relationship: _____ Address / Contact number: _____ Signature of Parent or Legal Guardian _____	This serves as Affidavit of Loss Lost Passport Number: _____ Issued on: _____ Issued by: _____ Date lost: _____ Lost due to: _____ Signature of Applicant _____

I SOLEMNLY SWEAR that 1) I am a Filipino citizen. 2) The information I provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I have not been issued a passport under any other name. 5) The attached photograph is mine. 6) I am aware that under the law, I am allowed to hold only one Philippine passport at any given time. 7) I am aware that making false statements in passport application, furnishing falsified or forged documents in support thereof are punishable by law.

Take care not to perforate the photograph



Left Thumb Mark



Right Thumb Mark

Miguel De Jesus
SIGNATURE OF APPLICANT

REMARKS:

FOR STRICT COMPLIANCE: Please print name and affix initials
Processor _____ Signing Officer _____

RECEIVED CANCELLED PASSPORT: _____ RECEIVED NEW PASSPORT: _____