

PHILIPPINE CONSULATE GENERAL, MILAN

(Based on the template of the Department of Foreign Affairs. Last revision: 07 October 2017)

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 (✓) spaces/boxes as appropriate.

Site: Date/Time: Booking Reference No.:

CAPTURE SITE PRE-PROCESSING (Do not write on this part)

APPOINTMENT VERIFICATION	REMARKS:
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PASSPORT APPLICANT'S INFORMATION

1. LAST NAME		
2. FIRST NAME		
3. MIDDLE NAME or MAIDEN NAME		
4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex: 01 JAN 2019) ____ / ____ / ____ DAY MONTH YEAR	6. PLACE OF BIRTH For those born in PHL, write the name of TOWN & PROVINCE OR CITY (ex: Talisay, Batangas or Lipa City) For those born outside of PHL, write the name of COUNTRY (ex: ITALY) _____
7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> NULLIFIED/ANNULLED <input type="checkbox"/> DIVORCED	8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> RA No. 9225 <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION	8b. DID YOU EVER LOSE YOUR PHILIPPINE CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8d. IF YES, FROM WHAT COUNTRY? _____ 8e. HAVE YOU EVER SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT COUNTRY? _____

APPLICANT'S CONTACT INFORMATION

9a. PRESENT ADDRESS (IN ITALY):	9b. HOME ADDRESS (IN PHL):
10. WHERE DO YOU WISH TO BE DELIVERED? <i>Not applicable in Milan PCG</i>	
11. TELEPHONE/MOBILE NUMBER:	12. EMAIL ADDRESS:
13. FULL NAME OF SPOUSE NAME (if married): _____	
14a. PERSON TO CONTACT IN CASE OF EMERGENCY: _____	
14b. TELEPHONE NUMBER OF PERSON TO NOTIFY: _____	

PARENTAL INFORMATION (Write entries even if parent is deceased)

15. COMPLETE NAME OF FATHER: _____ CITIZENSHIP: _____ LAST NAME FIRST NAME MIDDLE NAME
16. COMPLETE NAME OF MOTHER: _____ CITIZENSHIP: _____ LAST NAME FIRST NAME MIDDLE NAME

DECLARATION OF APPLICANT

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 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.	17. SIGNATURE OVER PRINTED NAME _____ 18. DATE: ____ / ____ / ____ DAY MONTH YEAR
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DO NOT WRITE BELOW THIS LINE. FOR MILAN PCG'S USE ONLY

PROOF OF PHILIPPINE CITIZENSHIP <input type="checkbox"/> BIRTH CERTIFICATE (PSA) <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE OF CITIZENSHIP <input type="checkbox"/> ELECTION OF PHILIPPINE CITIZENSHIP <input type="checkbox"/> OTHERS	IDENTITY DOCUMENTS SUBMITTED <input type="checkbox"/> COMELEC VOTER'S ID CARD <input type="checkbox"/> LTO DRIVER'S LICENSE <input type="checkbox"/> PROFESSIONAL REGULATION COMMISSION ID <input type="checkbox"/> UNIFIED MULTIPURPOSE ID CARD (UMID) <input type="checkbox"/> PWD ID CARD <input type="checkbox"/> GSIS/SSS ID CARD <input type="checkbox"/> SENIOR CITIZEN'S ID CARD _____ OTHERS	SUPPORTING DOCUMENTS <input type="checkbox"/> MARRIAGE CERTIFICATE (PSA) <input type="checkbox"/> VOTER'S REGISTRATION RECORD <input type="checkbox"/> COURT ORDER <input type="checkbox"/> NBI CLEARANCE <input type="checkbox"/> OTHERS
REMARKS:	WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT (SIGNATURE OF APPLICANT):
PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:	PAYMENT SLIP NO. _____ DATE: _____
SIGNATURE OF SIGNING OFFICER:		