



**PETITION FOR DUAL CITIZENSHIP AND ISSUANCE OF IDENTIFICATION CERTIFICATE (IC)**

I, \_\_\_\_\_, respectfully request the Philippine Consulate General to administer my oath of allegiance to the Republic of the Philippines in connection with my intention to reacquire/retain my Philippine citizenship pursuant to RA No. 9225. A substantive finding of fraud or misrepresentation or concealment of facts will give rise to revocation of Philippine citizenship. The following are my personal details:

<b>1. NAME AS WRITTEN IN PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH (INCLUDING MARRIED SURNAME, IF APPLICABLE)</b>	<b>1. a. LAST NAME</b> (surname, family name or married name)	
	<b>1. b. FIRST NAME</b> (given names)	<b>1. c. MIDDLE NAME</b> (mother's maiden surname/if married, maiden surname)
	<b>2. ARE YOU NOW USING A DIFFERENT NAME?</b> <input type="checkbox"/> <b>YES</b> – please answer 2.a to 2.d <input type="checkbox"/> <b>NO</b> – Go to no. 3	
<b>2. ARE YOU NOW USING A DIFFERENT NAME?</b> <input type="checkbox"/> <b>YES</b> – please answer 2.a to 2.d <input type="checkbox"/> <b>NO</b> – Go to no. 3	<b>2. a. LAST NAME</b> (surname of family name)	
	<b>2. b. FIRST NAME</b> (given name)	<b>2. c. MIDDLE NAME</b>
	<b>2. d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME</b> <input type="checkbox"/> <b>COURT DECREE</b> <input type="checkbox"/> <b>OTHERS</b> (please specify)	
<b>3. DATE OF BIRTH</b> (day/month/year)	<b>4. PLACE OF BIRTH</b> (town o city, province or state, country)	
<b>5. GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>6. CIVIL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Others	
<b>7. COLOR OF EYES</b>	<b>8. COLOR OF HAIR</b>	
<b>9. NAME AND ADDRESS OF SPOUSE, OR IF WIDOWER, NAME OF DECEASED SPOUSE</b>		
<b>10. a. CURRENT RESIDENCE</b> (house no., street, city, state, country, postal code)		<b>10. b. MOBILE/CELLPHONE NO.</b>
<b>11. a. PRESENT OCCUPATION</b>	<b>11. b. WORK ADDRESS</b> (office name, street, city, country)	<b>11. c. WORK PHONE NO.</b>
<b>12. ADDRESS IN THE PHILIPPINES</b> (house no, street, town or city, postal code)		
<b>13. a. NAME OF APPLICANT'S FATHER</b> (given name, full name, last name)		<b>13. b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b>
<b>14. a. NAME OF APPLICANT'S MOTHER</b> (given name, full name, last name)		<b>14. b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH</b>
<b>15. a. CURRENT FOREIGN CITIZENSHIP</b>		<b>15. b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIP</b>
<b>16. a. NATURALIZATION CERTIFICATE NO.</b>		<b>16. b, DATE OF ACQUISITION OF FOREIGN CITIZENSHIP</b>

<b>17.a. FOREIGN PASSPORT NO.</b>	<b>17.b. DATE AND PLACE OF ISSUE</b>
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<b>CHILDREN AGED 17 YEARS AND BELOW INCLUDED AS DEPENDENT IN THIS PETITION</b> (last name, given name, middle name)	<b>GENDER</b>	<b>AGE</b>	<b>DATE OF BIRTH</b> (day/month/year)	<b>PLACE OF BIRTH</b> (town, city, province or state, country)	<b>CIVIL STATUS</b>

**18. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL BORN CITIZEN OF THE PHILIPPINES**

Philippine Birth Certificate Applicant
  Marriage Contract indicating Philippine citizenship of the

Voter's Affidavit of voter's identification card

Old Philippine Passport
  Others (specify)

**19. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION OR ACQUISITION OF FOREIGN CITIZENSHIP**

Naturalization Certificate
  Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired

*Carta d' Identita*
 Foreign Passport

**20. ALIEN CERTIFICATE OF REGISTRATION (ACR) and IMMIGRATION CERTIFICATE (IC) or CERTIFICATE OF RESIDENCE FOR TEMPORARY VISITORS (CRTV) NUMBERS/DATE AND PLACE OF ISSUE**

I solemnly swear under penalty of law that the above statements regarding my person are true and correct, and the attached supporting document/s is/are genuine and authentic.

If found qualified pursuant to the pertinent provisions of Republic Act No. 9225 and its Implementing Rules and Regulations, I further request for the cancellation of my Alien Certificate of Registration (ACR) and Immigration Certificate of Residence (ICR) or Certificate of Residence for Temporary Visitors (CRTV), if applicable.

Done on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE OVER PRINTED NAME**

<b>FOR OFFICIAL USE ONLY</b>		
<b>Document No.</b> : _____ <b>Page No.</b> : _____ <b>Book No.</b> : _____ <b>Series of</b> : _____ <b>O. R. No.</b> : _____	Attach one (1) piece of 2" x 2" colored Photo of Applicant (Front View) taken during the last six (6) months	Attach one (1) piece of 2" x 2" colored Photo of Applicant (Front View) taken during the last six (6) months