

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:****PASSPORT APPLICANT'S INFORMATION****1. LAST NAME** (please write in the space here ---->)**2. FIRST NAME** (please write in the space here ---->)**3. MIDDLE NAME OR MOTHER'S MAIDEN SURNAME, IF SINGLE**
(please write in the space here ---->)**4. GENDER**
 MALE
 FEMALE
5. DATE OF BIRTH (ex: 01 JAN 2019)
 ____ / ____ / ____
 DAY MONTH YEAR
6. PLACE OF BIRTH (kopyahin ang nasa pasaporte)

Those born in PHL, write the city or town & province (ex: Lipa City or Naujan, OR MDO)

Those born outside of PHL, write the country (ex: ITALY)

7. CIVIL STATUS
 SINGLE
 MARRIED
 WIDOW/ER
 NULLIFIED/ANNULLED
 DIVORCED
8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP
 BY BIRTH
 BY NATURALIZATION
 RA No. 9225 (Dual)
 BY ELECTION
 BY LEGISLATION
8b. DID YOU EVER LOSE YOUR PHILIPPINE CITIZENSHIP?
 YES NO
8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY?
 YES NO
8d. IF YES, FROM WHAT COUNTRY? _____**8e. HAVE YOU EVER SERVED IN ANY FOREIGN MILITARY?**
 YES 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?** Not applicable in Milan PCG**11. TELEPHONE/MOBILE NUMBER:****12. EMAIL ADDRESS:****13. COMPLETE NAME OF SPOUSE** (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:** _____
 (BEFORE MARRIAGE) LAST NAME FIRST NAME MIDDLE NAME**DETAILS OF CURRENT PASSPORT****17a. PASSPORT NUMBER:** _____**17b. DATE OF ISSUE:** ____ / ____ / ____
 DAY MONTH YEAR**17c. EXPIRATION DATE:** ____ / ____ / ____
 DAY MONTH YEAR**17d. ISSUING AUTHORITY:** _____**18. STATUS OF CURRENT/LATEST PASSPORT:**
 Intact Lost Valid
 Damaged Lost Expired
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.

19. SIGNATURE OVER PRINTED NAME**20. DATE:** ____ / ____ / ____
 DAY MONTH YEAR**DO NOT WRITE BELOW THIS LINE. FOR MILAN PCG'S USE ONLY****REMARKS:****WATCHLIST VERIFICATION:****RETURNED CANCELLED PASSPORT (SIGNATURE OF APPLICANT):****PROCESSOR'S SIGNATURE:****ENCODER'S SIGNATURE:****PAYMENT SLIP NO.** _____
DATE: _____**SIGNATURE OF SIGNING OFFICER:**