



REVISED 01 JANUARY 2004 (USA)

APPLICATION FOR AMENDMENT OF PASSPORT

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY WITH BLACK OR BLUE INK AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED. FOR INAPPLICABLE ENTRIES WRITE N/A.

IDENTIFYING INFORMATION

1. LAST NAME (surname or family name written on passport)		
2. FIRST NAME (given name(s) written on passport)		
3. MIDDLE NAME (mother's maiden surname, or if married, applicant's maiden surname written on passport)		
4a. PASSPORT NUMBER	4b. DATE AND PLACE OF ISSUE OF PASSPORT	
5. DATE OF BIRTH	6. SEX	7. CIVIL STATUS
DAY MONTH (write whole word) YEAR	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
8. PLACE OF BIRTH (town or city, state or province, country)		
9. ADDRESS IN THE U.S. OR PLACE OF RESIDENCE (house no., street, town or city, province, country, postal zone)		
10. TEL. NO. (include area code)	11. E-MAIL ADDRESS / FAX NO. / WORK TEL. NO.	
12. PRESENT OCCUPATION	13. WORK ADDRESS	
14. ADDRESS IN THE PHILIPPINES (house no., street, town or city, province, postal zone)		

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MODE OF SUBMISSION OF APPLICATION		
<input type="checkbox"/> PERSONAL	<input type="checkbox"/> COURIER	<input type="checkbox"/> MAIL
<input type="checkbox"/> TRAVEL AGENCY	<input type="checkbox"/> REPRESENTATIVE	
DATE OF RECEIPT OF APPLICATION		
SUPPORTING DOCUMENTS SUBMITTED		
<input type="checkbox"/> Marriage Certificate / Contract		
<input type="checkbox"/> Divorce / Annulment Decree		
<input type="checkbox"/> Report of Marriage		
<input type="checkbox"/> Death Certificate		
<input type="checkbox"/> Others: _____		
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER
SIGNING OFFICER		
FEE	O.R. NO.	
SERVICE NO.		
REMARKS		
DATE DUE	TIME DUE	
PASSPORT RELEASED TO		
PRINTED NAME AND SIGNATURE		
DATE RECEIVED/MAILED		
MAIL /COURIER TRACKING NUMBER		

REQUEST FOR AMENDMENT

15. REQUEST FOR AMENDMENT <input type="checkbox"/> CHANGE OF NAME TO READ AS FOLLOWS <input type="checkbox"/> OTHERS, SPECIFY BELOW	
16. DATE (day, month, year) AND PLACE OF <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHERS _____	
17. FULL NAME OF <input type="checkbox"/> SPOUSE, IF MARRIED, OR <input type="checkbox"/> FORMER SPOUSE, IF MARRIAGE WAS DISSOLVED	
18. SUPPORTING DOCUMENT(S) SUBMITTED <input type="checkbox"/> MARRIAGE CERTIFICATE / CONTRAC <input type="checkbox"/> REPORT OF MARRIAGE <input type="checkbox"/> DIVORCE / ANNULMENT DECREE <input type="checkbox"/> OTHERS, SPECIFY: _____	
21. IS THIS APPLICATION FILED BY ANOTHER PERSON OR ENTITY ON YOUR BEHALF? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. IF YES, PLEASE INDICATE NAME, ADDRESS AND RELATIONSHIP TO APPLICANT	23. SIGNATURE OF REPRESENTATIVE

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that the statements made on this Application Form are true and correct and the attached supporting documents are authentic.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

IMPORTANT:

IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.

SUBSCRIBED AND SWORN to before me this _____ day of _____
20____ at _____.

Doc. No.
Page No.
Book No.
Series of

NOTARY PUBLIC

PLEASE SEE REVERSE SIDE FOR REQUIREMENTS