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Form no. 1- ENGLISH

RENEWAL REGULAR PASSPORT APPLICATION FORM (Adult)

THIS FORM IS NOT FOR SALE

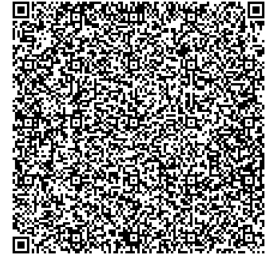
DEPARTMENT OF FOREIGN AFFAIRS

Office of Consular Affairs Last Revision: 07 October 2017

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INSTRUCTIONS: Please PRINT entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Check boxes as appropriate.



CAPTURE SITE PRE-PROCESSING (Do not write on this part)		
APPOINTMENT VERIFICATION:		REMARKS:
PASSPORT APPLICANT'S INFORMATION		
1. LAST NAME Mañao1		
2. FIRST NAME Joanna Rose		
3. MIDDLE NAME OR MAIDEN LAST NAME Garcia		
4. GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (EX. 01 JAN 2017) 01-Feb-1995	6. PLACE OF BIRTH SAN PABLO CITY
7. CIVIL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> ANNULLED <input type="checkbox"/> DIVORCED	8A. HOW DID YOU ACQUIRE PHL CITIZENSHIP? <input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION(RA NO. 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION <input type="checkbox"/> BY MARRIAGE	8B. DID YOU EVER LOSE YOUR PH CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8C. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8D. IF YES, FROM WHAT COUNTRY? 8E. HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8D. IF YES, WHAT COUNTRY?
APPLICANT'S CONTACT INFORMATION		
9A. ADDRESS ABROAD		
9B. ADDRESS IN THE PHILIPPINES 75 PUROK 3 BARANGAY SOLEDAD SAN PABLO, SAN PABLO CITY 4000, PHILIPPINES		
10. TELEPHONE/MOBILE NUMBER 09182411468		
11. EMAIL ADDRESS joannarosemanaol@gmail.com		

12. APPLICANT'S SPOUSE'S NAME: Mañao1, Robert John Bautista		
13A. PERSON TO CONTACT IN CASE OF EMERGENCY: Mañao1, Robert John Bautista		
13B. TEL/MOBILE NO.: 09982411468		
PARENTAL INFORMATION		PARENTAL INFORMATION
14. FATHER'S DETAILS LAST NAME: Garcia	15. MOTHER'S DETAILS LAST NAME: Marasigan	16A. PASSPORT NUMBER P4473625A
FIRST NAME: Raul	FIRST NAME: Rosa	16B. DATE OF ISSUE: 23-Sep-2022
MIDDLE NAME: Ebarvia	MIDDLE NAME: Adao	16C. DATE OF EXPIRY:
CITIZENSHIP: (at time of applicant's birth) Philippines	CITIZENSHIP: (at time of applicant's birth) Philippines	16D. ISSUING AUTHORITY:
STATUS OF CURRENT PASSPORT		
19. PLEASE CHOOSE AS APPLICABLE: <input type="checkbox"/> PASSPORT INTACT <input type="checkbox"/> DAMAGED PASSPORT <input checked="" type="checkbox"/> Affidavit of Explanation		STATUS OF CURRENT PASSPORT <input type="checkbox"/> LOST VALID PASSPORT <input checked="" type="checkbox"/> Affidavit of Loss <input checked="" type="checkbox"/> Police Report in English <input type="checkbox"/> LOST EXPIRED PASSPORT <input checked="" type="checkbox"/> Affidavit of Explanation
DECLARATION OF APPLICANT		
<p>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.</p>		
20. SIGNATURE OVER PRINTED NAME		21. DATE (EX. 01 JAN 2017)
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.		
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT: SIGNATURE OF APPLICANT:
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:
OFFICIAL RECEIPT/PAYMENT SLIP NO.:		DATE OF TRANSACTION: