

PARENTAL INFORMATION

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|---|---|
| 16. FATHER'S DETAILS | 17. MOTHER'S DETAILS |
| Last Name | Last Name |
| First Name | First Name |
| Middle Name | Middle Name |
| Citizenship <i>(at time of applicant's birth)</i> | Citizenship <i>(at time of applicant's birth)</i> |

DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT

I HEREBY DECLARE AND AFFIRM that 1) The applicant is a Filipino citizen. 2) I am the parent or legal guardian of the minor. 3) The information provided in this application is true and correct. 4) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish the applicant's 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, the applicant is only allowed to hold 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
 OF PARENT OR LEGAL GUARDIAN**

20. DATE (ex. 01 JAN 2017)

DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.

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|---|--|---|--|---|--|---|--|--|
| PROOF OF CITIZENSHIP SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE from Philippine Statistics Authority <input type="checkbox"/> REPORT OF BIRTH from PHL Statistics Authority/PHL Embassy or Consulate <input type="checkbox"/> CERTIFICATE OF NATURALIZATION <input type="checkbox"/> IDENTIFICATION CERTIFICATE of CITIZENSHIP <input type="checkbox"/> Others: _____ | | | IDENTITY DOCUMENT SUBMITTED <input type="checkbox"/> SCHOOL IDENTITY CARD <input type="checkbox"/> DSWD CLEARANCE <input type="checkbox"/> Others: _____ | | | OTHER SUPPORTING DOCUMENTS <input type="checkbox"/> PARENT/GUARDIAN'S ID <input type="checkbox"/> AFFIDAVIT OF CONSENT TO TRAVEL/SPECIAL POWER OF ATTORNEY <input type="checkbox"/> COURT DECREE ON ADOPTION/GUARDIANSHIP <input type="checkbox"/> Others: _____ | | |
| REMARKS: | | PASSPORT WATCHLIST VERIFICATION: | | RETURNED CANCELLED PASSPORT Parent or Legal Guardian's Signature: _____ | | | | |
| PROCESSOR'S SIGNATURE: | | | ENCODER'S SIGNATURE: | | | | | |
| OFFICIAL RECEIPT/PAYMENT SLIP NO.: | | | DATE OF TRANSACTION: | | | | | |
| | | | | | | | | |

END