



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

Revised 23 JANUARY 2008 (USA)

PETITION NO. DATE FILED ORDER OF APPROVAL/DENIAL NO. DATE OF APPROVAL/DENIAL	INSTRUCTION The original and one (1) photocopy of the Application and the Petition for Reacquisition / Retention of Philippine Citizenship should be submitted together with two (2) photocopies of all supporting documents.	2"X2" Colored Photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face FRONT VIEW	2"X2 " Colored Photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face FRONT VIEW
1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH			
1a. LAST NAME (surname or family name) _____			
1b. FIRST NAME (given names) _____		1c. MIDDLE NAME (mother's maiden surname) _____	
2. ARE YOU USING A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME CURRENTLY USED _____			
2a. LAST NAME (surname or family name) _____		2b. FIRST NAME (given names) _____	
2c. MIDDLE NAME _____			
2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME _____			
3. DATE OF BIRTH DAY MONTH (write whole word) YEAR		4. PLACE OF BIRTH (town or city, province or state, country) _____	
5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. CIVIL STATUS _____	
7. HEIGHT (m) _____		8. WEIGHT (kg) _____	
9a. NAME OF SPOUSE (last name, first name, full middle name) _____		9b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION _____	
10a. NAME OF APPLICANT'S FATHER (last name, first name, full middle name) _____		10b. FATHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____	
11a. NAME OF APPLICANT'S MOTHER (last name, first name, full middle name) _____		11b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH _____	
12. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED <input type="checkbox"/> BIRTH <input type="checkbox"/> ELECTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHERS (specify) _____			
13a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS (specify all) _____		13b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS (specify all) _____	
14a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS (day / month / year) _____		14b. NATURALIZATION CERTIFICATE NUMBERS _____	
15a. FOREIGN PASSPORT NO. / VALID FOREIGN GOV'T ISSUED ID NO. _____		15b. DATE AND PLACE OF ISSUANCE OF ID (day/ month/ year) _____	
16. SUPPORTING DOCUMENTS SUBMITTED <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Report of Birth <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Affidavit of _____ Disinterested Person(s) <input type="checkbox"/> Old Philippine Passport <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Others (specify) _____			
17. PHILIPPINE PERMANENT ADDRESS (house no., street, town or city, state, country, postal zone) _____			
18. ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, town or city, state, country, postal zone) _____			
19. HOME TELEPHONE NO. _____		20. E-MAIL ADDRESS _____	
21. MOBILE NUMBER _____		22. PRESENT OCCUPATION _____	
23. WORK ADDRESS/WORK NUMBER (office name, building no., street, town or city, state, country, postal zone) _____			24. APPLICANT'S SIGNATURE _____

CONTINUE ON REVERSE SIDE

Color of Eyes:

Color of Hair:

Distinguishing Marks on face:

<p align="center">DEPENDENT MINOR CHILD NO. 1</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>	<p align="center">DEPENDENT MINOR CHILD NO. 2</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>	<p align="center">DEPENDENT MINOR CHILD NO. 3</p> <p>Two (2) 2"X2" Colored Photographs</p> <p>plain white background, taken within six (6) months before the date of application, without eyeglasses and clearly showing full front view of face</p> <p align="center">Please staple edges of photos</p>
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25. INFORMATION ON CHILDREN INCLUDED IN PETITION ■ The following details about each dependent minor child included in the petition shall be provided below. (If there are more than three dependent children included in the petition, reprint/photocopy this page.)

	CHILD 1	CHILD 2	CHILD 3									
25a. LAST NAME (surname or family name)												
25b. FIRST NAME (given names)												
25c. MIDDLE NAME (mother's maiden surname, or applicant's maiden surname)												
26. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
27. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED									
28. DATE OF BIRTH	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">DAY</td> <td style="width:35%;">MONTH (write whole word)</td> <td style="width:15%;">YEAR</td> </tr> </table>	DAY	MONTH (write whole word)	YEAR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">DAY</td> <td style="width:35%;">MONTH (write whole word)</td> <td style="width:15%;">YEAR</td> </tr> </table>	DAY	MONTH (write whole word)	YEAR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">DAY</td> <td style="width:35%;">MONTH (write whole word)</td> <td style="width:15%;">YEAR</td> </tr> </table>	DAY	MONTH (write whole word)	YEAR
DAY	MONTH (write whole word)	YEAR										
DAY	MONTH (write whole word)	YEAR										
DAY	MONTH (write whole word)	YEAR										
29. PLACE OF BIRTH (town or city, province or state, country)												
30. COUNTRIES OF CITIZENSHIP												
31. COUNTRY OF PERMANENT RESIDENCE												
32. SUPPORTING DOCUMENTS												

CERTIFICATION

I hereby certify under oath that all the information in this Application for Re-acquisition/Retention of Philippine Citizenship, composed of two pages, including the page on which this Certification is written, are true and correct. I further warrant that I have complied with all the requirements, and that I have presented certified true copies of documents issued under the official seal of the officer having legal custody of the originals in the Philippines, and in case of foreign documents, with their official translation into English duly authenticated by the Consul/Embassy official of the Foreign Service of the Philippines in the issuing country, and submitted two (2) photocopies of each of said documents. I understand that my application shall not be processed if any statement herein made is found to be false, if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements of the Bureau of Immigration with respect to my Application/Petition, without prejudice to whatever action(s) the Bureau of Immigration shall take in accordance with applicable laws of the Republic of the Philippines.

DATE OF APPLICATION

APPLICANT'S SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 201____,

at _____, the affiant exhibited to me his/her passport/identification no. _____

_____ issued at _____, on _____.

NOTARY PUBLIC

CONSUL