



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

PETITION NO. DATE FILED ORDER OF APPROVAL/DENIAL NO. DATE OF APPROVAL/DENIAL	INSTRUCTION This application form should be accomplished completely and submitted together with the original and one (1) photocopy of all supporting documents	Two (2) 2" x 2" Colored Photographs plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face FRONT VIEW	FEES: Principal \$ 50.00 Derivative \$ 25.00 each
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 6. CIVIL STATUS 7. HEIGHT (m) 8. WEIGHT (kg) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
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. MOBILE NUMBER	20. E-MAIL ADDRESS	21. HOME TELEPHONE NUMBER	22. PRESENT OCCUPATION
23. WORK ADDRESS (office name, building no., street, town or city, state, country, postal zone)			24. APPLICANT'S SIGNATURE

<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 1</p> <p>Two (2) 2"X2" Colored Photographs 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 style="text-align: center;">FRONT VIEW</p>	<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 2</p> <p>Two (2) 2"X2" Colored Photographs 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 style="text-align: center;">FRONT VIEW</p>	<p style="text-align: center;">DEPENDENT MINOR CHILD NO. 3</p> <p>Two (2) 2"X2" Colored Photographs 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 style="text-align: center;">FRONT VIEW</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	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 one (1) photocopy 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 _____, 20____,	
at _____, the affiant exhibited to me his/her passport/identification no. _____	
_____ issued at _____, on _____	
NOTARY PUBLIC	CONSUL