



REVISED 23 JANUARY 2008 (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 YEAR MALE SINGLE WIDOWED
 FEMALE MARRIED 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)

FOR OFFICIAL USE ONLY

MODE OF SUBMISSION OF APPLICATION

PERSONAL COURIER MAIL
 TRAVEL AGENCY REPRESENTATIVE

DATE OF RECEIPT OF APPLICATION

SUPPORTING DOCUMENTS SUBMITTED

Marriage Certificate / Contract
 Divorce / Annulment Decree
 Report of Marriage
 Death Certificate
 Others: _____

RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER

FEE O.R. NO.

SERVICE NO.

REMARKS

APPROVED BY

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 CHANGE OF NAME TO READ AS FOLLOWS OTHERS, SPECIFY BELOW

16. DATE (day, month, year) AND PLACE OF MARRIAGE DIVORCE ANNULMENT OTHERS

17. FULL NAME OF SPOUSE, IF MARRIED, OR FORMER SPOUSE, IF MARRIAGE WAS DISSOLVED

18. SUPPORTING DOCUMENT(S) SUBMITTED

MARRIAGE CERTIFICATE / CONTRACT REPORT OF MARRIAGE
 DIVORCE / ANNULMENT DECREE OTHERS, SPECIFY: _____

19. IS THIS APPLICATION FILED BY ANOTHER PERSON OR ENTITY ON YOUR BEHALF? YES NO

20. IF YES, INDICATE NAME, ADDRESS, RELATIONSHIP TO APPLICANT 21. 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 _____.

NOTARY PUBLIC

CONSUL