



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

Revised 21 JANUARY 2009 (USA)

PETITION NO.	INSTRUCTION	2"X 2 " Colored Photograph	2"X 2 " Colored Photograph			
DATE FILED	The original and two (2) photo copies of the Application and the Petition for Reacquisition / Retention of Philippine Citizenship should be submitted together with the original and three (3) photo copies of all supporting documents.	Royal blue background taken within last six (6) months, without eye glasses, clearly showing the full front view of the face	Royal blue background taken within last six (6) months, without eye glasses, clearly showing the full front view of the face			
ORDER OF APPROVAL/DENIAL NO.		FRONT VIEW	FRONT VIEW			
DATE OF APPROVAL/DENIAL						
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	4. PLACE OF BIRTH (town or city, province or state , country)					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DAY</td> <td style="width: 50%;">MONTH (write whole word)</td> <td style="width: 25%;">YEAR</td> </tr> </table>	DAY	MONTH (write whole word)	YEAR	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. CIVIL STATUS	7. HEIGHT (m)
DAY	MONTH (write whole word)	YEAR				
			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/FAX NO.	21. WORK TELEPHONE NUMBER	22. PRESENT OCCUPATION			
23. WORK ADDRESS (office name, building no., street, town or city, state, country, postal zone)			24. APPLICANT'S SIGNATURE			

CONTINUE ON REVERSE SIDE

<p>DEPENDENT MINOR CHILD NO. 1</p> <p>Three (3) 2"X2" Colored Photographs</p> <p>Royal blue 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;">Please staple edges of photos</p>	<p>DEPENDENT MINOR CHILD NO. 2</p> <p>Three (3) 2"X2" Colored Photographs</p> <p>Royal blue 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;">Please staple edges of photos</p>	<p>DEPENDENT MINOR CHILD NO. 3</p> <p>Three (3) 2"X2" Colored Photographs</p> <p>Royal blue 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;">Please staple edges of photos</p>
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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
LAST NAME (surname or family name)			
FIRST NAME (given names)			
MIDDLE NAME (mother's maiden surname, or applicant's maiden surname)			
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
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
DATE OF BIRTH	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR	DAY MONTH (write whole word) YEAR
PLACE OF BIRTH (town or city, province or state, country)			
COUNTRIES OF CITIZENSHIP			
COUNTRY OF PERMANENT RESIDENCE			
SUPPORTING DOCUMENTS			

DATE OF APPLICATION

APPLICANT'S SIGNATURE OVER PRINTED NAME

NOTARY PUBLIC

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