



APPLICATION FOR IMMIGRANT VISA (13A)

PERSONAL INFORMATION

Paste colored photo here.
 Subject must be against a white background.
 Photo must be taken within the last 3 months.
 Do not wear eyewear or headwear.

| | | | |
|--|--|--|--|
| Last Name | | | |
| Given Name | | | |
| Middle Name | | | |
| Other Names (aliases) | | | |
| Citizenship | | Date of Birth | |
| Place of Birth | | Citizenship | |
| Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Passport Number | | Passport Date of Issue | |
| Passport Place of Issue | | Passport Date of Expiry | |
| Email | | Phone Number | |
| Name of Applicant's Father | | Citizenship of Father | |
| Name of Applicant's Mother | | Citizenship of Mother | |

SPOUSE

| | | | |
|--|--|---------------|--|
| Name | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | |
| Place of Birth | | Citizenship | |
| Phone Number | | Email Address | |

CHILDREN

| | | | | | | | |
|------|--|--|--|-------------|--|---------------|--|
| Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Citizenship | | Date of Birth | |
| Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Citizenship | | Date of Birth | |
| Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Citizenship | | Date of Birth | |

I certify under oath that all of the information are truthful, complete and correct, and that all of my documents are authentic and valid.

I understand that my application may be denied if any of my statements or submitted documents are false or if I cannot comply with the requirements of the Bureau of Immigration of the Philippines.

I attest that I have not filed this or a similar application with any other Philippine Embassy or Philippine Consulate-General, or any office of the Bureau of Immigration of the Philippines.

| | |
|--|---------------------|
| SUBSCRIBED AND SWORN to before me this day of | VISA TYPE |
| | VISA NO. |
| | VALIDITY |
| | fr |
| | to |
| Service No.: | Processor initials: |
| O.R. No.: | O.R. No.: |
| Fee Paid: | Fee Paid: |

PASSPORT & VISA RECEIVED :

Date :

.....
Applicant's Signature over Printed Name