



# 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.

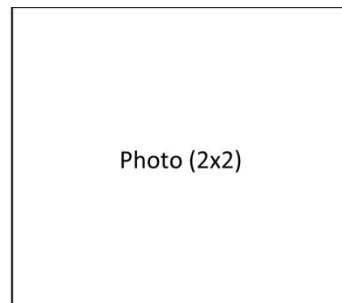
SUBSCRIBED AND SWORN to before me this day of	VISA TYPE
	VISA NO.
	VALIDITY
	fr
	to
Service No.:	Processor initials:
O.R. No.:	O.R. No.:
Fee Paid:	Fee Paid:

**PASSPORT & VISA RECEIVED :**

Date :

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

**FOREIGN SERVICE OF THE PHILIPPINES  
MEDICAL EXAMINATION OF VISA APPLICANTS**



Place	Date
At the request of the Philippine Consul at	City
	Country

Passport No.: \_\_\_\_\_ *I certify that on the above date I was examined*

Passport Name	Age	Sex	Citizenship
Surname      First Name      Middle Name			

*and then under the Philippine Immigration Regulations the applicant  
should be classified as follows: (Encircle the appropriate class)*

<b>BUREAU OF QUARANTINE</b>  Alien Status _____ Date of Arrival _____ Conveyance _____ Date Examine _____ Medical Officer _____ Supervisor _____  Philippine Address: _____ Foreign Home Address: _____ Contact No.: _____	<b>Class</b>	<b>DANGEROUS CONTAGIOUS DISEASE</b>	
	<b>A</b>	Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active)	
		<b>SERIOUS MENTAL DISORDER</b>	
			Mental Retardation (Mental Deficiency), Insanity, Previous Occurrence of one or more attacks of Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
			<i>If not Class A</i>
<b>B</b>		Persons having physical defects, disease or disability serious in degree or permanent in nature that will impair their ability to earn a living as to make them likely to be a public charge	
	<b>C</b>	<b>MINOR CONDITIONS</b>	

**MEDICAL RECORDS**

1. Pertinent Medical History:
2. Significant Physical Examination:
3. Chest X-ray original Report: (Age: 11 yrs. And above)  
Present recent x-ray film (14x17 inches) or C.D.
4. Laboratory Examinations: (Attach original laboratory reports)
  - a. Blood Serology: RPR/VDRL (Ages: 15 yrs. And above)
  - b. Urinalysis: (Age: 1 yr. and above)
  - c. Stool (Ova and Parasite): (Age: 1 yr. and above)
  - d. Other examination(s) if necessary:

Not physically and mentally defective or diseased

QUARANTINE MEDICAL OFFICER

BOQ ADDRESS

Receipt no.: \_\_\_\_\_