



**REPUBLIC OF THE PHILIPPINES  
PHILIPPINE EMBASSY SINGAPORE  
E-PASSPORT APPLICATION**

**NOT FOR SALE**

PREFERRED APPOINTMENT DATE: \_\_\_\_\_ TIME:  9am  10am  11am  12nn  1pm  2pm  3pm

_____ <b>LAST NAME / APELYIDO</b>	_____ <b>FIRST NAME / PANGALAN (JR. / II / III)</b>
_____ <b>MIDDLE NAME / GITNANG PANGALAN</b>	_____ <b>PLACE OF BIRTH / POOK NG KAPANGANAKAN</b>
_____ / _____ / _____ <b>Day Month Year</b> <b>DATE OF BIRTH / PETA NG KAPANGANAKAN</b>	<b>GENDER / KASARIAN:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Civil Status:  Single  Married  Widow/er  Legally Separated  Annulled

Name of Wife / Husband: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Last Name First Name Middle Name

Singapore Address: \_\_\_\_\_  
 \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Present Occupation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Philippine Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Last Name First Name Middle Name

Maiden Name of Mother: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 (Pangalan nung dalaga)  
 Maiden Last Name First Name Maiden Middle Name

<b>Citizenship Acquired By:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Election <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/> R.A. 9225 <input type="checkbox"/> Others: _____	<b>Purpose Of Travel:</b> <input type="checkbox"/> Tour <input type="checkbox"/> Seaman <input type="checkbox"/> Business <input type="checkbox"/> Migration <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Others
Are you a holder of foreign passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, from what country? _____	Have you ever been issued a Philippine Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Latest Passport Number? _____ Date of Issue: _____ Place of Issue: _____
<b>This serves as Affidavit of Support and Consent to Travel (for Applicants below 18 years old ONLY)</b> Name of minor's traveling _____ Companion: _____ Companion's Relationship: _____ Address / Contact Number: _____  _____ Signature of Parent or Legal Guardian	<b>This serves as an Affidavit of Loss</b> Lost Passport Number: _____ Issued on: _____ Issued by: _____ Date lost: _____ Lost due to: _____  _____ Signature of Applicant

**I SOLEMLY SWEAR that: 1) I am a Filipino citizen; 2) The information I provided in this application is true and correct; 3) The supporting documents attached are authentic; 4) I have not been issued a passport under any other name; 5) I am aware that under the law, I am allowed to hold only one Philippine passport at any given time; 6) I am aware that making false statements and furnishing falsified or forged documents are punishable by law.**

\_\_\_\_\_  
Signature of Applicant

<b>FOR ADMINISTRATIVE USE ONLY:</b>		
Processor: _____	Encoder: _____	Signing Officer: _____
RECEIVED CANCELLED PASSPORT: _____	RECEIVED NEW PASSPORT: _____	
REMARKS: _____		

*To save a trip to the Embassy, e-mail this form together with a scanned copy of your Singapore IC and passport data page. You will receive a Confirmation Form by e-mail. On the date and time of appointment, bring to the Embassy the Confirmation Form, your passport and the documents that you submitted via e-mail.  
 E-mail: [passport-appointment@philippine-embassy.org.sg](mailto:passport-appointment@philippine-embassy.org.sg)*