



APPLICATION FOR RETENTION / RE-ACQUISITION OF PHILIPPINE CITIZENSHIP

Revised 17 July 2009 (Dublin, Ireland)

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| PETITION NO. | INSTRUCTION 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. | | 2"X 2 " Colored Photograph | 2"X 2 " Colored Photograph |
| DATE FILED | | | Royal blue background taken within last six (6) months, without eye glasses, clearly showing the full front view of the face FRONT VIEW | Royal blue background taken within last six (6) months, without eye glasses, clearly showing the full front view of the face FRONT VIEW |
| ORDER OF APPROVAL/DENIAL NO. | | | | |
| 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) | | | |
| DAY MONTH (write whole word) YEAR | 5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 6. CIVIL STATUS | 7. HEIGHT (m) | 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, county, country, postal zone) | | | | |
| 18. ADDRESS IN IRELAND OR COUNTRY OF RESIDENCE (house no., street, town or city, county, 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 | |

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| <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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