

Foreign Service of the Philippines
PHILIPPINE EMBASSY
 Berlin, Germany

TRAVEL DOCUMENT APPLICATION

_____ LAST NAME / Apelyido	(Paste 1 new ID photo size 4.5 x 3.5 cms, with white background)	
_____ FIRST NAME / Pangalan (Jr / II / III etc)		_____ DATE OF BIRTH & AGE / Petsa ng Kapanganakan at Gulang
_____ MIDDLE NAME / Gitnang Pangalan		_____ PLACE OF BIRTH / Pook ng Kapanganakan
GENDER / Kasarian: <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"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled marriage			
If married, name of husband or wife:		Citizenship:	
If widowed or divorced, name of previous spouse:		Citizenship:	
Your complete address abroad, if any:		Tel./Mobile Nr.:	
Your complete address in the Philippines:		Tel./Mobile Nr.:	
Name of Father:	_____ <small>First Name Middle Name Last Name</small>	Citizenship:	
Maiden/Single Name of Mother:	_____ <small>First Name Middle Name Last Name</small>	Citizenship:	

Reason for Applying for a Travel Document:	
Entry Information:	

- Check if you are:**
- Legitimate (*Parents are married to each other*)
- Illegitimate (*Parents are **not** married to each other*)

- Philippine Citizenship acquired by:**
- Birth Marriage Election
- Naturalization Re-acquisition under R.A. 9225

Have you ever been issued a Philippine Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Latest Passport Nr.:	
Date of Issue Nr.:	
Place of Issue:	

In case of accident or death, please notify:

In the Phils.:	Name:	Relationship:	
	Address:	Tel./Mobile Nr.:	

I SOLEMNLY SWEAR that: (1) I am a Philippine citizen, (2) the information I provided in this Application are true and correct, (3) the supporting documents are authentic, and (4) I am aware that making false statements in the Travel Document Application and furnishing falsified or forged documents in support thereof are punishable by law.

Signature of Applicant

Left Thumbmark Right Thumbmark

REMARKS:

Service no. : _____
 O.R. no. : _____
 Date : _____
 Fee paid : _____