



REPUBLIC OF THE PHILIPPINES  
 PHILIPPINE EMBASSY  
 MADRID, SPAIN  
[HTTPS://MADRIDPE.DFA.GOV.PH](https://madrid.pe.dfa.gov.ph)  
 TEL. 917 823 830 / FAX: 914 116 606  
 EMAIL: [madrid.pe@dfa.gov.ph](mailto:madrid.pe@dfa.gov.ph)

FORM Nº. 1 – NEW PASSPORT FOR ADULTS

Date of application: (ex. 01 JAN 2021)

\_\_\_\_\_  
 D D M M M Y Y Y Y

**NEW REGULAR PASSPORT APPLICATION FORM (ADULT)**

INSTRUCTIONS: Please type or print entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Check boxes as appropriate.  
 This form is not for sale.

<b>CAPTURE SITE PRE-PROCESSING (Do not write on this part)</b>		
APPOINTMENT VERIFICATION:		REMARKS:
<b>PASSPORT APPLICANT'S INFORMATION</b>		
1. LAST NAME		
_____		
2. FIRST NAME		
_____		
3. MIDDLE NAME or MAIDEN LAST NAME		
_____		
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 Jan 2017) _____	6. PLACE OF BIRTH (If born in the PHL: Municipality/City & Province / If born abroad: Country) _____
7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> NULLIFIED/ ANNULLED <input type="checkbox"/> DIVORCED	8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP? <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION <input type="checkbox"/> BY RE-ACQUISITION (RA 9225) <input type="checkbox"/> BY ELECTION <input type="checkbox"/> BY LEGISLATION	8b. DID YOU EVER LOSE YOUR PH CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8d. IF YES, FROM WHAT COUNTRY? _____ 8e. HAVE YOU SERVED IN ANY FOREIGN MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO 8f. IF YES, IN WHAT COUNTRY? _____
<b>APPLICANT'S CONTACT INFORMATION</b>		
9a. PRESENT ADDRESS IN SPAIN: _____		
9b. HOME ADDRESS IN THE PHILIPPINES: _____		
10. TELEPHONE/MOBILE NUMBER: _____		
12. EMAIL ADDRESS: _____		
13. APPLICANT'S SPOUSE'S NAME: _____		

14a. PERSON TO CONTACT IN CASE OF EMERGENCY: _____		14b. TELEPHONE/MOBILE NO. OF PERSON TO BE NOTIFIED: _____	
<b>PARENTS' INFORMATION</b>			
15. FATHER'S DETAILS Last Name: _____		16. MOTHER'S DETAILS Last Name: _____	
First Name: _____		First Name: _____	
Middle Name: _____		Middle Name: _____	
Citizenship (at the time of applicant's birth): _____		Citizenship (at the time of applicant's birth): _____	
<b>DECLARATION OF APPLICANTS</b>			
<p>I HEREBY DECLARE AND AFFIRM that 1) I am a Filipino citizen. 2) The information provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I give my consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to its use for any lawful purpose. 5) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 6) I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time. 7) I am aware that making false statements in this passport application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial or application. 8) I understand and accept that the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs.</p>			
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div>		_____	
20. SIGNATURE OVER PRINTED NAME		21. DATE (ex. 01 January 2021)	
<b>DO NOT WRITE BELOW THIS LINE. FOR EMBASSY USE ONLY.</b>			
<b>PROOF OF CITIZENSHIP SUBMITTED</b> <input type="checkbox"/> Birth Certificate from the Philippine Statistics Authority (PSA) <input type="checkbox"/> Report of Birth from PSA/Philippine Embassy/Consulate <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Identification Certificate of Citizenship <input type="checkbox"/> Others: _____		<b>IDENTITY DOCUMENT SUBMITTED:</b> <input type="checkbox"/> School Identity Card <input type="checkbox"/> DSWD Clearance <input type="checkbox"/> Others: _____	
		<b>OTHER SUPPORTING DOCUMENTS:</b> <input type="checkbox"/> Parent/Guardian's ID <input type="checkbox"/> Affidavit of Consent to Travel/Special Power of Attorney <input type="checkbox"/> Court Decree on Adoption/Guardianship <input type="checkbox"/> Others: _____	
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:  _____	
		SIGNATURE OF APPLICANT	
PROCESSOR'S SIGNATURE:		ENCODER'S SIGNATURE:	
OFFICIAL RECEIPT/PAYMENT SLIP NO.:		DATE OF TRANSACTION:	