



**EMBASSY OF THE PHILIPPINES**  
 CONSULAR SECTION  
 ATHENS, GREECE

**PASSPORT APPLICATION**

FOR OFFICIAL USE ONLY:  
 (To be filled in by Consular Assistant/Clerk)

New Passport No.: \_\_\_\_\_  
 Renewal   
 Replacement due to loss/damage   
 Date of Issue: \_\_\_\_\_  
 O.R. No. \_\_\_\_\_  
 Service No. \_\_\_\_\_  
 Fee: Euro \_\_\_\_\_

Paste one 4.5 cm x 3.5 cm new colored or black and white photo with plain white background. Photo must show applicant in decent attire.

**PLEASE FILL IN ALL ENTRIES. TYPE OR PRINT LEGIBLY.**

SURNAME		GIVEN NAME/FIRST NAME		MIDDLE NAME	
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DATE OF BIRTH:	DAY	MONTH	YEAR	PLACE OF BIRTH	SEX
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CIVIL STATUS:  MINOR  SINGLE  MARRIED  WIDOW(ER)  DIVORCED  SEPARATED

IF MARRIED, NAME OF SPOUSE	CITIZENSHIP OF SPOUSE
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NAME OF FATHER	CITIZENSHIP
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NAME OF MOTHER	CITIZENSHIP
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ADDRESS IN THE PHILIPPINES	TEL. NO.
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CHECK IF YOU ARE:	PHILIPPINE CITIZENSHIP	<input type="checkbox"/> BIRTH	<input type="checkbox"/> NATURALIZATION
<input type="checkbox"/> LEGITIMATE <input type="checkbox"/> ILLEGITIMATE	ACQUIRED BY:	<input type="checkbox"/> ELECTION	<input type="checkbox"/> MARRIAGE

HAVE YOU ACQUIRED FOREIGN CITIZENSHIP?	IF YES INDICATE CITIZENSHIP ACQUIRED, WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

RESIDENCE/ADDRESS IN CYPRUS	TEL. NO.
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STATUS IN CYPRUS:	<input type="checkbox"/> CONTRACT WORKER	<input type="checkbox"/> TOURIST	<input type="checkbox"/> IMMIGRANT	<input type="checkbox"/> OTHERS _____
	<input type="checkbox"/> SEAFARER	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> STUDENT	_____

WITH RESIDENCE PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WITH WORK PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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OCCUPATION	NAME OF EMPLOYER
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EMPLOYMENT ADDRESS	TEL. NO.
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HAVE YOU BEEN ISSUED A PHILIPPINE PASSPORT?	IF YES, INDICATE PASSPORT NUMBER	DATE OF ISSUE	PLACE OF ISSUE
<input type="checkbox"/> YES <input type="checkbox"/> NO			

PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

(IN THE PHILIPPINES) NAME	RELATIONSHIP	ADDRESS	TEL. NO.
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(IN CYPRUS) NAME	RELATIONSHIP	ADDRESS	TEL. NO.
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I SOLEMNLY SWEAR THAT THE ABOVE PHOTOGRAPH IS MINE; THAT THE STATEMENTS MADE ON THIS APPLICATION FORM ARE TRUE, AND THE ATTACHED SUPPORTING DOCUMENTS ARE AUTHENTIC. SO HELP ME GOD.

LEFT THUMBMARK	RIGHT THUMBMARK	Paste one 4.5 cm x 3.5 cm new colored or black and white photo with plain white background. Photo must show applicant in decent attire.	SIGNATURE OF APPLICANT
			RECEIVED CANCELLED <input type="checkbox"/> NEW PASSPORT <input type="checkbox"/> DATE RELEASED _____
			FOR OFFICIAL USE ONLY:
			PROCESSOR _____ VERIFIER _____
			SCRIPTER _____ PHOTO ATTACHMENT _____
			LAMINATION _____ RELEASING OFFICER _____

SIGNING OFFICER	REMARKS
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