



**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   
 Replacment 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									
DATE OF BIRTH:	DAY	MONTH	YEAR	PLACE OF BIRTH			SEX								
CIVIL STATUS:		<input type="checkbox"/> MINOR		<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		<input type="checkbox"/> WIDOW(ER)		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> SEPARATED			
IF MARRIED, NAME OF SPOUSE						CITIZENSHIP OF SPOUSE									
NAME OF FATHER						CITIZENSHIP									
NAME OF MOTHER						CITIZENSHIP									
ADDRESS IN THE PHILIPPINES									TEL. NO.						
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 GREECE									TEL. NO.						
STATUS IN GREECE:		<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	
OCCUPATION						NAME OF EMPLOYER									
EMPLOYMENT ADDRESS									TEL. NO.						
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			RELATTONSHIP		ADDRESS				TEL. NO.						
(IN GREECE) NAME			RELATTONSHIP		ADDRESS				TEL. NO.						
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									