

## **Adult Damaged/Mutilated Passport**

### **Core Requirements:**

1. Personal Appearance of Applicant
2. Confirmed Online Appointment
3. Original Notarized Affidavit of Mutilation (with detailed explanation on when, where and how passport got mutilated or damaged) ([link for affidavit](#))
4. Original passport
5. Photocopy of data page and last page of mutilated or damaged passport
6. Passport Fee of AED 240.00

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

THIS FORM IS NOT FOR SALE

**EMBASSY OF THE PHILIPPINES**

Abu Dhabi, United Arab Emirates

**INSTRUCTIONS:** Please PRINT entries legibly using **black or blue ink** only. Supply all necessary information and indicate "**N/A**" for entries with no answers. Tick (✓) boxes as appropriate.

CAPTURE SITE PRE-PROCESSING (Do not write on this part)		
APPOINTMENT VERIFICATION:		REMARKS:
PASSPORT APPLICANT'S INFORMATION		
1. LAST NAME		
2. FIRST NAME		
3. MIDDLE NAME		
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (ex. 01 JAN 2011)  D D M M M Y Y Y Y	6. PLACE OF BIRTH (For born in the PHL: Municipality/City & Province For apps born outside the PHL: Country)
7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER/ER <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 (R.A. No. 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
APPLICANT'S CONTACT DETAILS		
9a. PRESENT ADDRESS: (COMPLETE ADDRESS IN THE UAE)		
9b. HOME ADDRESS: (COMPLETE ADDRESS IN THE PHILIPPINES)		
10. TELEPHONE/MOBILE NUMBER:		
11. E-MAIL ADDRESS:		
12. (IF MARRIED) APPLICANT'S SPOUSE'S NAME:		
13a. PERSON TO CONTACT IN CASE OF EMERGENCY:		13b. TEL/MOBILE NO. OF PERSON TO NOTIFY IN THE UAE/PHILIPPINES IN CASE OF EMERGENCY:

PARENTAL INFORMATION		CURRENT PASSPORT DETAILS OF APPLICANT
14. FATHER'S DETAILS LAST NAME:	15. MOTHER'S DETAILS (MAIDEN NAME) LAST NAME:	16a. PASSPORT NUMBER:
FIRST NAME:	FIRST NAME:	16b. DATE OF ISSUE:
MIDDLE NAME:	MIDDLE NAME:	16c. DATE OF EXPIRY:
CITIZENSHIP (at time of applicant's birth):	CITIZENSHIP (at time of applicant's birth):	16d. ISSUING AUTHORITY:

**STATUS OF CURRENT PASSPORT**

**17. PLEASE CHOOSE AS APPLICABLE:**

PASSPOR INTACT

DAMAGED PASSPORT

- Affidavit of Explanation

LOST VALID PASSPORT

- Affidavit of Loss
- Police Report (in English)

LOST EXPIRED PASSPORT

- Affidavit of Explanation

**DECLARATION OF PARENT OR LEGAL GUARDIAN OF THE APPLICANT**

**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 consent to the verification by the Philippine Government of the information I provided to establish the applicant's 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, the applicant is only allowed to hold 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 of 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.

\_\_\_\_\_  
18. SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
19. DATE (ex. 01 JAN 2019)

**DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.**

REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT Passport Signature of Applicant:
PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:	
OFFICIAL RECEIPT/PAYMENT SLIP NO.:	DATE OF TRANSACTION:	

END