

PHILIPPINE CONSULATE GENERAL
3600 Wilshire Boulevard, Suite 500
Los Angeles, CA 90010

APPLICATION FOR AMENDMENT OF PASSPORT

Name _____ (LAST) (FIRST) (FULL MIDDLE)

United States address _____

Tel. No. () _____

Philippine address _____

Passport No. _____ Date of issue _____

Place of issue _____

Check visa/immigration status () permanent resident () tourist () seamen
() contract worker () student () others specify _____

Are you a Philippine government official or employee? () Yes () No

Specify the amendment or changes requested:

I HEREBY CERTIFY UNDER PENALTY OF LAW TO THE TRUTH AND CORRECTNESS OF THE ABOVE STATEMENTS AND THAT THIS APPLICATION WAS PREPARED BY ME PERSONALLY OR UNDER MY PERSONAL DIRECTION.

Date

Signature of Applicant

Official Receipt No. _____

Service No. _____

Fee Paid: \$ _____

Processing Officer

Signing Officer

FOR OFFICIAL USE ONLY:

Received Passport No. _____ issued on _____ in _____

By _____ Date of receipt of passport _____

Mailed on _____ By _____