



Foreign Service of the Republic of the Philippines
Embassy of the Republic of the Philippines, Consular Section
Oslo, Norway

ePASSPORT APPLICATION FORM

PLEASE FILL IN THE BLANKS COMPLETELY AND CORRECTLY. TYPE OR PRINT LEGIBLY.

Last Name (<i>Apelyido</i>) (Jr./II/III, etc)	First Name (<i>Pangalan</i>)	Middle Name (<i>Pangalan</i>)
Date of Birth (<i>Araw ng Kapanganakan</i>) (Date/Month/ Year, e.g. 23-Dec-1975)	Place of Birth (Lugar ng Kapanganakan)	
Gender (<i>Kasarian</i>) <input type="checkbox"/> Male (<i>Lalaki</i>) <input type="checkbox"/> Female (<i>Babae</i>)		

Civil Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled		
If Married, Name of Spouse:			Citizenship:
If Divorced/Widowed, Name of Spouse:			
Your complete address in Norway, Sweden, Denmark, Finland or Iceland:			
	Tel/Mobile Number:		
Your complete address in the Philippines:			
	Tel/Mobile Number:		
Complete Name of Father:			Citizenship:
Complete Maiden Name of Mother:			Citizenship:
Check if you are :		Citizenship Acquired by :	
<input type="checkbox"/> Legitimate Child <input type="checkbox"/> Illegitimate Child		<input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Election <input type="checkbox"/> Naturalization	
Immigration Status in Norway/Sweden/Denmark/Finland: <input type="checkbox"/> Tourist <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student <input type="checkbox"/> Seafarer <input type="checkbox"/> Au Pair <input type="checkbox"/> Contract Worker <input type="checkbox"/> Business <input type="checkbox"/> Others (please specify) _____			
Present Occupation:			
Name and Address of Employer:			Tel.Number:
Are you a Philippine Government employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name of Philippine Government agency:	
IN CASE OF EMERGENCY:			Have you ever been issued a Philippine passport? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Contact Person in Norway/Sweden/Denmark/Finland/Iceland:			
Address:			If Yes, latest passport number:
Relation:			
Tel/Mobile Number:			Place of Issue:
Name of Contact Person in the Philippines:			
Address:			Date of Issue:
Relation:			
Tel/Mobile Number:			

I solemnly swear that (1) I am a Filipino citizen. (2) The information I provided in this application is true & correct. (3) The supporting documents attached are authentic. (4) I have not been issued a passport under any other name. (5) I am aware that making false statements in passport application, furnishing falsified or forged documents in support thereof are punishable by law.

Printed Name and Signature of Passport Applicant

For internal use only. Applicant should not fill up this part.

OR No.:	Service No.:	Cancelled Passport Received:	New Passport No.
---------	--------------	------------------------------	------------------