

Note: Indicate N/A if Not applicable. Print all information.

**Republic of the Philippines
Embassy of the Philippines
Tokyo, Japan**

**APPLICATION/PETITION FORM
CITIZENSHIP RETENTION AND RE-ACQUISITION
(Under R.A. 9225)**

I, _____ hereby petition the Philippine Embassy, Tokyo, Japan, to evaluate and approve my application to reacquire/retain Philippine Citizenship under R.A. 9225 (Citizenship Retention and Reacquisition Act of 2003) and its implementing Rules and Regulations (IRR).				Attach one (1) passport size colored photo with white background, taken within the last three months from the date of application.
The following are my personal details:				
1. LAST NAME				
2. FIRST NAME (Given name(s) written on birth certificate)				
3. MIDDLE NAME/MAIDEN NAME				
4. OTHER NAMES USED				
6. DATE OF BIRTH		Day	Month	Year
7. PLACE OF BIRTH (Town or City, Province, State, Country)				5. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
8. HEIGHT (Feet)		9. WEIGHT(Kgs.)		
10. HAIR COLOR		11. EYE COLOR		
13. DISTINGUISHING MARKS ON FACE				12. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED
14. HOW PHILIPPINE CITIZENSHIP WAS ACQUIRED <input type="checkbox"/> Birth <input type="checkbox"/> Election <input type="checkbox"/> Naturalization <input type="checkbox"/> Others _____				
15. PREVIOUS PHILIPPINE PASSPORT NUMBER		16. DATE AND PLACE OF ISSUE OF PHILIPPINE PPT.		
17. ACR/ICR NUMBER (If applicable)		18. DATE OF ISSUE OF ACR/ICR		
19. FOREIGN PASSPORT NUMBER		20. DATE AND PACE OF ISSUE OF FOREIGN PASSPORT		
21. CURRENT FOREIGN CITIZENSHIP		22. MODE OF ACQUISITION OF FOREIGN CITIZENSHIP		
23. DATE OF ACQUISITION OF FOREIGN CITIZENSHIP		24. NATURALIZATION CERTIFICATE NO.		
25. NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE				26. CITIZENSHIP
27. NAME OF APPLICANT'S FATHER (First Name, Full Middle Name, Last Name)				28. CITIZENSHIP*
29. NAME OF APPLICANT'S MOTHER (First Name, Full Middle Name, Maiden/Last				30. CITIZENSHIP*

*Refers to citizenship of parents at the time of applicant's birth or as indicated in applicant's birth certificate.

31. PHILIPPINE ADDRESS: House No. Street, Town or City, State, Country, Postal Zone)

32. CURRENT ADDRESS ABROAD: (House No., Street, Town or City, State, Country, Postal Zone)

33. CONTACT TELEPHONE No. (Include Area Code)

34. EMAIL ADDRESS/Work Tel. No.

35. NAME OF MINOR CHILD TO BE INCLUDED IN THE APPLICATION

36. CIVIL STATUS

37. AGE

38. DATE AND PLACE OF BIRTH (City/Suburb, State, Country)

39. HAVE YOU BEEN CONVICTED OF ANY CRIME OR CHARGED WITH AN ADMINISTRATIVE OFFENSE? IF YES, PLEASE PROVIDE DETAILS.

CERTIFICATION

I hereby certify under oath that all the information in this general application form composing of two pages including the page on which this Certification is written are true and correct information about myself as an applicant. I further warrant that I have complied with all the requirements with respect to my application for the issuance of an Identification Certificate (I.C.) and that I submitted copies of documents issued by the office having legal custody of their originals in the Philippines and foreign documents with their official translation into English, when applicable, in compliance with the requirements. I understand that my application will not be processed if it finds any statement herein to be false, if any document submitted is found to have been falsified, or if I fail to comply with all the requirements with respect to my application/petition without prejudice to whatever action(s) the Philippine Government agencies shall take in accordance with applicable laws of the Republic of the Philippines.

DATE

APPLICANT'S SIGNATURE OVER PRINTED NAME

EMBASSY OF THE PHILIPPINES)
CONSULAR SECTION) S.S.
TOKYO, JAPAN)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__ in the Philippine Embassy, Tokyo, Japan, affiant exhibited to me his/her Passport No. _____ issued at _____, valid until _____.

NAME AND SIGNATURE OF PERSON ADMINISTERING OATH

Doc. No _____
Service No. _____
Series of _____
Fee Paid _____
O. R. No: _____