

EMBASSY OF THE PHILIPPINES
CONSULAR SECTION
PRAGUE, CZECH REPUBLIC

APPLICATION FOR AMENDMENT OF PASSPORT

(PLEASE PRINT)

NAME _____
(LAST NAME) (GIVEN NAME) (MIDDLE/MAIDEN NAME)

DATE & PLACE OF BIRTH _____

ADDRESS IN THE CZECH REPUBLIC _____

TELEPHONE NUMBER _____

ADDRESS IN THE PHILIPPINES _____

PASSPORT NO. _____
DATE & PLACE OF ISSUE _____
VALID UNTIL _____

STATUS IN THE CZECH REPUBLIC: () TOURIST (x) PERMANENT RESIDENT () OVERSEAS CONTRACT WORKER
Others, please specify _____

ARE YOU A GOVERNMENT EMPLOYEE? () YES (x) NO

SPECIFY AMENDMENT BEING 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 & PLACE

SIGNATURE OF APPLICANT

[DO NOT WRITE BELOW PERFORATED LINES]

O.R. NO. _____
SERV. NO. _____
FEE PAID _____
DATE _____

SIGNING OFFICER

PROCESSOR