



**PHILIPPINE CONSULATE GENERAL**  
 Suite 100 - 1001 1st St. SE  
 Calgary, AB T2G 5G3  
 Email: [calgarypcg.ra9225@gmail.com](mailto:calgarypcg.ra9225@gmail.com)

**PETITION FOR CITIZENSHIP RETENTION AND RE-ACQUISITION under R.A. 9225**

2in X 2in  
PHOTO

White background taken within the last three (3) months, without eyeglasses, clearly showing the full front view of the face

2in X 2in  
PHOTO

White background taken within the last three (3) months, without eyeglasses, clearly showing the full front view of the face

Please **PRINT** all information legibly. Do not leave any space blank. Indicate "N/A" if not applicable. Mark appropriate boxes (☐) with a "✓".

**PART I. PERSONAL DATA**

1. **NAME** (as written on your Philippine Birth Certificate or Report of Birth):  
 LAST NAME (surname or family name) \_\_\_\_\_  
 FIRST NAME (given name/s) \_\_\_\_\_  
 MIDDLE NAME (mother's maiden surname) \_\_\_\_\_  
 MARRIED NAME (for married women) \_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_
3. **Place of Birth:** \_\_\_\_\_
4. **Civil Status:**  
 Single                       Married  
 Widow/er    Divorced  
 Others \_\_\_\_\_
5. **Gender:**  
 Male  
 Female
6. **Present Occupation:** \_\_\_\_\_
7. **Address in the Philippines:** (house no., street, town or city, zip code) \_\_\_\_\_
8. **Address in Canada or Country of Residence:** (house no., street, city, province, postal code) \_\_\_\_\_
9. **Mailing address:** \_\_\_\_\_
10. **Home/Mobile Phone No.** \_\_\_\_\_
11. **Work Phone No.** \_\_\_\_\_
12. **Email address/fax number:** \_\_\_\_\_
13. **Name of Spouse:** \_\_\_\_\_
14. **Nationality:** \_\_\_\_\_
15. **Name of Applicant's Father:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_
16. **Father's citizenship at the time of applicant's birth:** \_\_\_\_\_
17. **Name of Applicant's Mother:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_
18. **Mother's citizenship at the time of applicant's birth:** \_\_\_\_\_

**PART II. IMMIGRATION STATUS**

19. **Current Foreign Citizenship:** \_\_\_\_\_
20. **Mode of Acquisition of Foreign Citizenship:** \_\_\_\_\_
21. **Date of Acquisition of Foreign Citizenship:** \_\_\_\_\_
22. **Foreign Passport No.** \_\_\_\_\_
23. **Place Issued:** \_\_\_\_\_
24. **Date Issued:** \_\_\_\_\_
25. **Previous PH Passport no.** \_\_\_\_\_ **Date and Place of Issue:** \_\_\_\_\_

**PART III. NAME, DATE AND PLACE OF BIRTH OF UNMARRIED CHILDREN BELOW 18 INCLUDED AS DEPENDENTS IN THIS PETITION:**

Name	Place of Birth	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 of the Bureau of Immigration of the Philippines with respect to my application for the issuance of an Identification Certificate (I.C.) and that I submitted duly certified true copies of documents issued under the official seal of the officer having legal custody of their originals in the Philippines and foreign documents duly authenticated by the Consular Official in the Foreign Service of the Philippines in the foreign country, in compliance with the requirements of the Bureau of Immigration. I understand that my application will not be processed by the Bureau 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 of the Bureau of Immigration with respect to my application/petition without prejudice to whatever action (s) the Bureau of Immigration shall take in accordance with applicable laws of the Republic of the Philippines.*

Date executed: \_\_\_\_\_

Place executed: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature over printed name

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, at the Philippine Consulate General in Calgary, Alberta, Canada.

\_\_\_\_\_  
Administering Officer

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Service No. \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Fee paid: \_\_\_\_\_