FOREIGN SERVICE OF THE PHILIPPINES
EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
BERLIN, GERMANY

LUISENSTRASSE 16, 10117 BERLIN, GERMANY
Tel. No.: +49 30 864 9500
Email: consular@philippine-embassy.de
website: www.philippine-embassy.de

PETITION FOR DUAL CITIZENSHIP AND ISSUANCE OF IDENTIFICATION CERTIFICATE (IC)

Rev. 11 November 2020

ENTRY NO. **PAGE NO.** **BOOK NO.** **DATE FILED**	**INSTRUCTION** **1.** Submit three (3) duly accomplished application forms and three (3) sets of supporting documents (see items 14 and 15) **2.** Submit a total of eight (8) recent 2x2 colored photographs **3**. Fee must be paid in cash only Principal - € 50.00 Dependent - € 25.00 Each	Paste 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face	Paste 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face

I,_____, respectfully request the Philippine Embassy in Berlin to administer my oath of allegiance to the Republic of the Philippines for the purpose of reacquiring/retaining my Philippine citizenship in accordance with the provisions of Republic Act No. 9225. The following are my personal details:

1. NAME AS WRITTEN ON PHILIPPINE BIRTH CERTIFICATE OR REPORT OF BIRTH	1.a. LAST NAME (surname or family name)	
	1.b. FIRST NAME (given names)	1.c. MIDDLE NAME (mother's maiden surname)
2. ARE YOU USING A DIFFERENT NAME? [ ] YES – please answer 2.a. to 2.d. [ ] NO – Go to no. 3	2.a. LAST NAME (surname or family name)	
	2.b. FIRST NAME (given names)	2.c.MIDDLE NAME
	2d. SUPPORTING DOCUMENTS FOR CHANGE OF NAME [ ] COURT DECREE [ ] OTHERS (please specify) _____	

3. DATE OF BIRTH			4. PLACE OF BIRTH (town or city, province or state, country)	
DAY	MONTH (Write Whole Word	YEAR	5. GENDER [ ] MALE [ ] FEMALE	6. CIVIL STATUS : [ ] SINGLE [ ] MARRIED [ ] DIVORCED [ ] WIDOW/ER [ ] OTHERS _____

7.a. NAME OF SPOUSE (given name, full middle name , last name)	7.b. CITIZENSHIP OF SPOUSE AT THE TIME OF APPLICATION
8.a. NAME OF APPLICANT'S FATHER (as written in the birth certificate / given name, middle name, last name)	8.b. FATHER'S CITIZENHIP AT THE TIME OF APPLICANT'S BIRTH
9.a. NAME OF APPLICANT'S MOTHER (as written in the birth certificate / given name, middle name, last name)	9.b. MOTHER'S CITIZENSHIP AT THE TIME OF APPLICANT'S BIRTH

10. HOW PHILIPPINE CITIZENSHIP WAS INITIALLY ACQUIRED

[ ] BIRTH [ ] ELECTION [ ] MARRIAGE [ ] NATURALIZATION [ ] OTHERS _____

11.a. APPLICANT'S CURRENT FOREIGN CITIZENSHIPS (specify all)	11.b. MODE OF ACQUISITION OF FOREIGN CITIZENSHIPS (specify all)
12.a. DATE OF ACQUISITION OF FOREIGN CITIZENSHIPS (day / month in full/ year)	12.b. NATURALIZATION CERTIFICATE NUMBERS
13.a. FOREIGN PASSPORT NO.	13.b. DATE OF ISSUANCE OF FOREIGN PASSPORT (day / month in full / year)

14. SUPPORTING DOCUMENTS SUBMITTED TO PROVE THAT THE APPLICANT WAS A FORMER NATURAL-BORN CITIZEN OF THE PHILIPPINES:

[ ] PSA-issued Birth Certificate **(MANDATORY)**
[ ] Old Philippine Passport
[ ] PSA-issued marriage contract (for married women only)
[ ] Voter's affidavit or voter's identification card
[ ] Others (specify)_____

15. SUPPORTING DOCUMENTS TO PROVE THE APPLICANT'S NATURALIZATION or ACQUISITION OF FOREIGN CITIZENSHIP:

[ ] Naturalization Certificate [ ] Affidavit explaining the circumstances by which the applicant's foreign citizenship was acquired [ ] Foreign Passport

16. PHILIPPINE PERMANENT ADDRESS (house no., street, town or city, postal code)

17. ADDRESS IN GERMANY OR COUNTRY OF RESIDENCE (house no., street, postal code, town or city, country)

18. MOBILE NO.	19. E-MAIL ADDRESS	20. WORK TELEPHONE NO.	21. PRESENT OCCUPATION
22. WORK ADDRESS (office name, building no., street, postal zone, town or city, country)			23. APPLICANT'S SIGNATURE

DEPENDENT MINOR CHILD NO. 1		**DEPENDENT MINOR CHILD NO. 2**		**DEPENDENT MINOR CHILD NO. 3**
Two (2) 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face Please paste		Two (2) 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face Please paste		Two (2) 2" x 2" colored photograph plain white background taken within last six (6) months, without eyeglasses, clearly showing the full front view of the face Please paste

24. INFORMATION ON CHILDREN INCLUDED IN PETITION

? The following details about each dependent minor child included in the petition shall be provided below.
? (If there are more than three dependent children included in the petition, reprint/photocopy this page)

	CHILD 1	CHILD 2	CHILD 3
24.a. LAST NAME (surname or family name)			
24.b. FIRST NAME (given name)			
24.c. MIDDLE NAME (mother's maiden surname)			
24.d. GENDER	[ ] MALE [ ] FEMALE	[ ] MALE [ ] FEMALE	[ ] MALE [ ] FEMALE
24.e. CIVIL STATUS			
24.f. DATE OF BIRTH			
24.g. PLACE OF BIRTH			
24.h. COUNTRIES OF CITIZENSHIP			
24.i. COUNTRY OF PERMANENT RESIDENCE			
24.j. SUPPORTING DOCUMENTS	[ ] Philippine Birth Certificate [ ] Old Philippine Passport [ ] Foreign Passport [ ] Foreign Birth Certificate	[ ] Philippine Birth Certificate [ ] Old Philippine Passport [ ] Foreign Passport [ ] Foreign Birth Certificate	[ ] Philippine Birth Certificate [ ] Old Philippine Passport [ ] Foreign Passport [ ] Foreign Birth Certificate

25. ALIEN CERTIFICATE OF REGISTRATION (ACR) and IMMIGRATION CERTIFICATE (IC) or CERTIFICATE OF RESIDENCE FOR TEMPORARY VISITORS (CRTV) NUMBERS/ DATE & PLACE OF ISSUE:

I solemnly swear under penalty of law that the statements in this two-paged Petition regarding my person are true and correct, and the attached supporting documents are genuine and authentic.

If found qualified pursuant to the pertinent provisions of Republic Act No. 9225 and its Implementing Rules and Regulations, I further request for the cancellation of my Alien Certificate of Registration (ACR) and Immigration Certificate or Residence (ICR) or Certificate of Residence for Temporary Visitors (CRTV), if applicable.

Done this_____day of_____, 20_____, in the City of Berlin, Germany

_____

APPLICANT'S SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN TO BEFORE ME this _____ at Philippine Embassy Berlin, the affiant exhibited to me his/her passport/identification no. _____ issued at _____ on _____.

_____

Administering Official