



RA 7919/8247 APPLICANT'S DEPENDENT INFORMATION FORM (FOR R.A. 7919/8247 Grantees)

Attach your 2x2 colored photograph with white background using permanent glue in the photograph box. The photograph must be taken within the last thirty (30) days from the date of application. A scanned photograph is not allowed. A photograph of the applicant wearing eyewear (i.e. sunglasses, colored contact lenses, etc.) or headwear is not acceptable.

Instructions: 1. Personally accomplish this form using black ink only. 2. Check the corresponding box of your answer, if applicable. 3. LEAVE A BOX AFTER EACH NAME. 4. Do not leave any item blank and write N/A if not applicable. Improperly/ incompletely filled out application form will not be acted upon.

TYPE OF VISA

R.A. 7919

ASIO NO.

ATAP NO.

ACR I-CARD NUMBER

I. APPLICANT'S PERSONAL INFORMATION (as appearing on the passport)

Last Name

First/Given Name including Extension (Sr., Jr., III, IV)

Middle Name

Other Name(s)/Alias(es)

1

2

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Age

Gender

 M  F

Civil Status

 Single  Married  Annulled Separated  Widowed  Divorced

Country of Birth

Citizenship/Nationality

Passport Number

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

Place of Issuance

Expiry Date/Valid Until [DD-MMM-YYYY e.g. 01 JAN 1990]

Contact Number(s) in the Philippines

Landline

Mobile

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

Residential Address Abroad

House/Unit No., Street, Subdivision/Village

City, State

Country, Zip Code

II. Spouse's Information

Name of Spouse[Last Name, First/Given Name, Middle Name]

Other Name(s)/Alias(es)

1

2

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Age

Gender

 Male  Female

Citizenship/Nationality

Civil Status

 Single  Married  Annulled

Passport Number

ACR Number

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

Immigrant Certificate of Residence [ICR] Number

Type of Visa

Date of Marriage [DD-MMM-YYYY e.g. 01 JAN 1990]

Place of Marriage

Date of Marriage [DD-MMM-YYYY e.g. 01 JAN 1990]



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III. INFORMATION OF ALLLIVING CHILDREN [Including those residing abroad]

1 Name of Child (as appearing on the passport, if applicable) [Last Name, First/Given Name, Middle Name]

[Grid for child name]

Other Name(s)/Alias(es)

A [Grid for other name]

B [Grid for other name]

Citizenship/Nationality

[Grid for citizenship]

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of birth]

Age

[Grid for age]

Passport Number

[Grid for passport number]

Gender

M F

Civil Status

Single Married Annulled

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of issuance]

Separated Widowed Divorced

Type of Visa

[Grid for visa type]

Email Address

[Grid for email address]

Spouse's Name [Last Name, First/Given Name, Middle Name]

[Grid for spouse name]

Other Name(s)/Alias(es) of Spouse

A [Grid for spouse alias]

B [Grid for spouse alias]

2 Name of Child (as appearing on the passport, if applicable) [Last Name, First/Given Name, Middle Name]

[Grid for child name]

Other Name(s)/Alias(es)

A [Grid for other name]

B [Grid for other name]

Citizenship/Nationality

[Grid for citizenship]

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of birth]

Age

[Grid for age]

Passport Number

[Grid for passport number]

Gender

M F

Civil Status

Single Married Annulled

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of issuance]

Separated Widowed Divorced

Type of Visa

[Grid for visa type]

Email Address

[Grid for email address]

Spouse's Name [Last Name, First/Given Name, Middle Name]

[Grid for spouse name]

Other Name(s)/Alias(es) of Spouse

A [Grid for spouse alias]

B [Grid for spouse alias]

3 Name of Child (as appearing on the passport, if applicable) [Last Name, First/Given Name, Middle Name]

[Grid for child name]

Other Name(s)/Alias(es)

A [Grid for other name]

B [Grid for other name]

Citizenship/Nationality

[Grid for citizenship]

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of birth]

Age

[Grid for age]

Passport Number

[Grid for passport number]

Gender

M F

Civil Status

Single Married Annulled

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]

[Grid for date of issuance]

Separated Widowed Divorced

Type of Visa

[Grid for visa type]

Email Address

[Grid for email address]

Spouse's Name [Last Name, First/Given Name, Middle Name]

[Grid for spouse name]

Other Name(s)/Alias(es) of Spouse

A [Grid for spouse alias]

B [Grid for spouse alias]



**BI FORM 2014-03-009 Rev 0**  
**RA 7919/8247 APPLICANT'S DEPENDENT INFORMATION FORM**  
**(FOR R.A. 7919/8247 Grantees)**

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**4** Name of Child (as appearing on the passport, if applicable) [Last Name, First/Given Name, Middle Name]

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Other Name(s)/Alias(es)

**A**

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**B**

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Citizenship/Nationality	Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]	Age

Passport Number	Gender	Civil Status	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled	

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	Civil Status
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Type of Visa	Email Address

Spouse's Name [Last Name, First/Given Name, Middle Name]

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Other Name(s)/Alias(es) of Spouse

**A**

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**B**

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**VI. PARENT'S INFORMATION**

Name of Father (As appearing on the passport) [Last Name, First/Given Name, Middle Name]

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Other Name(s)/Alias(es)

**A**

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**B**

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Citizenship/Nationality	Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]	Age

Passport Number	Civil Status	
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled	

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	Civil Status
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Type of Visa	ICR Number

ACR I-Card Number

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Name of Mother (As appearing on the passport) [Last Name, First/Given Name, Middle Name]

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Other Name(s)/Alias(es)

**A**

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**B**

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Citizenship/Nationality	Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]	Age

Passport Number	Civil Status	
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled	

Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	Civil Status
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Type of Visa	ICR Number

ACR I-Card Number

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Specify the name(s) of deceased parent(s): [Last Name, First/Given Name, Middle Name]

**1**

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**2**

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Specify the name(s) of deceased child(ren): [Last Name, First/Given Name, Middle Name]

**1**

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RA 7919/8247 APPLICANT'S DEPENDENT INFORMATION FORM (FOR R.A. 7919/8247 Grantees)

Grid of 10 rows for dependent information, numbered 2 to 10.

DO NOT FILL OUT THIS PORTION

Three boxes for date: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

BI Office: \_\_\_\_\_

Signature over PRINTED NAME

CERTIFICATION

I certify under oath that all the information in the form is truthful, complete and correct. I understand that I will be held liable under CA 613/RA 562/Revised Penal Code and my visa will be cancelled if any statement is false. In addition to the foregoing, I will be subject to deportation proceedings.

Signature over Printed Name

Date (DD-MMM-YYYY e.g. 01-JAN-1990)

Left Thumbprint box

Left Thumbprint

Right Thumbprint box

Right Thumbprint

SUBSCRIBED AND SWORN TO before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ affiant exhibiting his/her ACR I-Card no. and/or passport number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_\_
Book No. \_\_\_\_\_
Page No. \_\_\_\_\_
Series of \_\_\_\_\_

Notary Public/ Administering Officer