



DEPARTMENT OF FOREIGN AFFAIRS
KAGAWARAN NG UGNAYANG PANLABAS

FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON THE REQUESTED PARTY

1. Title: (Mr./Ms./Mrs.) Others:	6. Contact Details:
2. Full name:	Landline:
Surname:	Fax:
First Name:	Mobile:
(including M.I.)	Email:
3. Complete Address:	7. Preferred Mode of Communication:
Apt/House No. Street:	☐ Landline ☐ Mobile ☐ E-mail ☐ Postal Address
Brgy/District:	8. Preferred Mode of Reply/Response:
City Municipality:	☐ Pick-up ☐ Fax ☐ E-mail ☐ Postal Address
Province:	9. Name of Representative/Guardian:
4. Company/Affiliation/Organization/School and Position:	Surname:
	First Name:
5. Type of I.D. Given: (with photograph and signature)	(including M.I.)
☐ Passport ☐ Driver's License Others: (Pls Specify)	10. I.D. of Representative:
☐ Postal ID ☐ Voter's ID	11. Proof of Authority:

PART II. REQUESTED INFORMATION

12. Title of Document Requested:	13. Date Requested: (dd/mm/yyyy) _____
(Please provide as much details as you can)	
☐ Photocopy ☐ Certified Photocopy ☐ Certified True Copy	

14. Purpose of Request: (Please be as specific as possible)

15. Any other relevant information:

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Department of Foreign Affairs. I understand that the Department of Foreign Affairs may collect, use and disclose personal information contained in this request.

16. Signature of Requesting Party or Representative:

Date: (dd/mm/yyyy)

FOR OFFICIAL USE ONLY:

Received by:

Name and Signature _____

Date and Time Received: _____

Remarks: _____

Document Tracking #: _____