



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:

2. Full name:  
Surname:   
First Name:   
(including M.I.)

3. Complete Address:  
Apt/House No. Street:   
Brgy/District:   
City Municipality:   
Province:

4. Company/Affiliation/Organization/School and Position:

5. Type of I.D. Given: (with photograph and signature)  
 Passport  Driver's License  Others: (Pls Specify)   
 Postal ID  Voter's ID

6. Contact Details:  
Landline:   
Fax:   
Mobile:   
Email:

7. Preferred Mode of Communication:  
 Landline  Mobile  E-mail  Postal Address

8. Preferred Mode of Reply/Response:  
 Pick-up  Fax  E-mail  Postal Address

9. Name of Representative/Guardian:  
Surname:   
First Name:   
(including M.I.)

10. I.D. of Representative:

11. Proof of Authority:

**PART II. REQUESTED INFORMATION**

12. Title of Document Requested:   
(Please provide as much details as you can)

13. Date Requested: (dd/mm/yyyy)

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 #: \_\_\_\_\_