



REPORT OF BIRTH

DATE OF REPORT
(day-month-year)

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK. INDICATE N/A IF NOT APPLICABLE

Foreign Service Post:

DETAILS OF CHILDS BIRTH

1. CHILD'S LAST NAME	<input type="text"/>	5. DATE OF BIRTH <i>(day-month-year)</i>	<input type="text"/>
2. CHILD'S FIRST NAME	<input type="text"/>	6. TIME OF BIRTH	<input type="text"/> [] AM [] PM
3. CHILD'S MIDDLE NAME	<input type="text"/>	7. SEX	[] MALE [] FEMALE
4. PLACE OF BIRTH	<input type="text"/>	8. CIVIL STATUS OF PARENTS	[] MARRIED [] NOT MARRIED

DETAILS OF BIRTH PARENTS (at the time of child's birth)

	INFORMATION ON BIRTH FATHER	INFORMATION ON BIRTH MOTHER
9. LAST NAME	<input type="text"/>	<input type="text"/>
10. FIRST NAME	<input type="text"/>	<input type="text"/>
11. MIDDLE NAME	<input type="text"/>	<input type="text"/>
	12. NAME BEFORE MARRIAGE <input type="text"/>	
13. CITIZENSHIP	<input type="text"/>	<input type="text"/>
14. DATE OF BIRTH <i>(day-month-year)</i>	<input type="text"/>	<input type="text"/>
15. PLACE OF BIRTH	<input type="text"/>	<input type="text"/>
16. OCCUPATION	<input type="text"/>	<input type="text"/>
17. RELIGION	<input type="text"/>	<input type="text"/>
18. HOME ADDRESS	<input type="text"/>	<input type="text"/>
19. NATURALIZED <i>(if foreign born)</i>	<input type="text"/>	<input type="text"/>
20. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN <i>(day-month-year/country)</i>	<input type="text"/>	<input type="text"/>
21. DATE OF MARRIAGE <i>(day-month-year)</i>	<input type="text"/>	24. PLACE OF MARRIAGE <input type="text"/>
22. NUMBER OF PREVIOUS CHILDREN	<input type="text"/>	25. NUMBER OF CHILDREN NOW LIVING <input type="text"/>
23. SIGNATURE OF PARENT, PHYSICIAN OR NURSE OVER PRINTED NAME	<input type="text"/>	

WHEN REPORTED BY MAIL, USE THIS PORTION IN THE PRESENCE OF TWO WITNESSES:

Declared in our presence this ____ day of _____ at _____.

First Witness: _____

Address: _____

Second Witness: _____

Address: _____

WHEN REPORTED IN PERSON, USE THIS PORTION:

Subscribed and sworn to before me this ____ day of _____ at the Embassy/Consulate of the Philippines in _____.

SEAL

REPUBLIC OF THE PHILIPPINES

EMBASSY/CONSULATE OF THE REPUBLIC OF THE PHILIPPINES

The foregoing information was furnished by (father, mother, physician, nurse) and supported by (affidavit, physician's certificate, certificate from local authorities). This report has been executed in quadruplicate, copy issued to parents, copy transmitted to the Department of Foreign Affairs (DFA) in Manila, copy transmitted to the Civil Registrar General through the DFA and copy placed in the files of this Office.

Date: _____

Doc. No. _____

Service No. _____

O.R. No. _____

Fee Paid _____

Book No. _____

Series of _____

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