



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE
FA FORM NO.40
(REVISED MARCH 2013)

REPORT OF BIRTH

CHILD BORN ABROAD OF FILIPINO PARENT/S
THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.

DATE OF REPORT
(day-month-year)

Foreign Service Post:

FSP ID#

DETAILS OF CHILD'S BIRTH

1. CHILD'S LAST NAME

2. CHILD'S FIRST NAME

3. CHILD'S MIDDLE NAME

4. PLACE OF BIRTH

5. DATE OF BIRTH
(day-month-year)

6. TIME OF BIRTH

AM PM

7. SEX:

FEMALE MALE

8. CIVIL STATUS OF PARENTS:

MARRIED NOT MARRIED

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

INFORMATION ON CHILD'S FATHER

INFORMATION ON CHILD'S MOTHER

9. LAST NAME

10. FIRST NAME

11. MIDDLE NAME

12. MAIDEN SURNAME

13. CITIZENSHIP

14. DATE OF BIRTH
(day-month-year)

15. PLACE OF BIRTH

16. OCCUPATION

17. RELIGION

18. HOME ADDRESS

19. NATURALIZED (if foreign born)

20. DATE & PLACE OF REGISTRATION
AS PHILIPPINE CITIZEN
(day-month-year/ place of registration)

21. DATE OF MARRIAGE
(day-month-year)

22. NUMBER OF PREVIOUS CHILDREN

24. PLACE OF MARRIAGE

25. NUMBER OF CHILDREN NOW LIVING

23. SIGNATURE OVER PRINTED NAME & ADDRESS OF PARENT, PHYSICIAN OR NURSE

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: _____

Service No.: _____

O.R. No.: _____

Fee Paid: _____

SEAL

REPUBLIC OF THE PHILIPPINES