



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE

FA FORM NO. 40
(REVISED MARCH 2013)

REPORT OF BIRTH

DATE OF REPORT
(day-month-year)

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

Foreign Service Post:

ID #

DETAILS OF CHILDS BIRTH

1. CHILD'S LAST NAME		5. DATE OF BIRTH (day-month-year)	
2. CHILD'S FIRST NAME		6. TIME OF BIRTH	() AM () PM
3. CHILD'S MIDDLE NAME		7. SEX	() MALE () FEMALE
4. PLACE OF BIRTH		8. CIVIL STATUS OF PARENTS:	() MARRIED () NOT MARRIED

DETAILS OF BIRTH PARENTS (at the time of childs birth)

	INFORMATION ON BIRTH FATHER	INFORMATION ON BIRTH 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 AND PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month-)		
21. DATE OF MARRIAGE (day-month-year)		24. PLACE OF MARRIAGE
22. NUMBER OF PREVIOUS CHILDREN		25. NUMBER OF CHILDREN NOW LIVING
23. SIGNATURE OF PARENT, PHYSICIAN OR NURSE OVER PRINTED NAME		

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 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