



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE  
FA FORM NO. 40  
(REVISED JUNE 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: \_\_\_\_\_

DETAILS OF CHILDS BIRTH

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

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

	INFORMATION ON BIRTH FATHER	INFORMATION ON BIRTH MOTHER
9. LAST NAME	_____	_____
10. FIRST NAME	_____	_____
11. MIDDLE NAME	_____	_____
	12. NAME BEFORE MARRIAGE _____	
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/country)		
21. DATE OF MARRIAGE	_____	24. PLACE OF MARRIAGE _____
(day-month-year)		
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/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 \_\_\_\_\_

SEAL \_\_\_\_\_ REPUBLIC OF THE PHILIPPINES