

FOREIGN SERVICE OF THE PHILIPPINES

REPORT OF BIRTH
CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS

(Place and Date of Report)

Name of Child in full _____ Sex _____
Date of Birth _____, 19 _____; hour _____ m _____
Place of Birth (in full) _____
Civil status of parents _____

FATHER

MOTHER

Full name _____

Full name _____

*Race _____ Religion _____

*Race _____ Religion _____

Date of Birth _____

Date of Birth _____

Occupation _____

Occupation _____

Present residence _____

Present residence _____

Birthplace _____

Birthplace _____

Naturalized (if foreign born) _____

Naturalized (if foreign born) _____

Registered as Philippine citizen at _____

Registered as Philippine citizen at _____

On _____

On _____

Passport No. _____ issued by _____

Passport No. _____ issued by _____

Dated _____

Dated _____

Valid to _____

Valid to _____

Precise periods and places of Philippine residence: _____

Precise periods and places of Philippine residence: _____

Place and date of marriage _____

Number of previous children _____ Number now living _____

Name and address of physician or nurse _____

*Caucasean, Malay, Negroid, Indian, or Mongolian

(Signature of parent, physician, or nurse)

(WHEN REPORTED BY MAIL, SIGN IN THE PRESENCE OF TWO WITNESSES)

(WHEN REPORTED IN PERSON, USE THIS FORM)

Declared to in our presence this _____

Subscribed and sworn to before me this _____

Day of _____, 20 _____

Day of _____, 20 _____

At _____

At _____

(Witness) _____

_____ of the Philippines.

(Witness) _____

(Address) _____

(SEAL)

(Address) _____

PHILIPPINE CONSULATE

At _____

_____, 20 _____

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

REMARKS _____

(SEAL)

_____ of the Philippines