

FOREIGN SERVICE OF THE PHILIPPINES

REPORT OF BIRTH CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS

FA FORM NO. 40

Name of Child <small>(First Name) (Mother's Maiden Name) (Last Name)</small>			Sex	Male	Female
Date of Birth <small>(Month) (Day) (Year) (Hour) (Min)</small>				AM	PM
Place of Birth <small>(City/Town) (County) (State)</small>					
FATHER			MOTHER		
Full Name			Full Name		
Civil Status <small>(at the time of the child's birth)</small>			Civil Status <small>(at the time of the child's birth)</small>		
Citizenship <small>(at the time of the child's birth)</small>			Citizenship <small>(at the time of the child's birth)</small>		
Religion			Religion		
Date of Birth			Date of Birth		
Present Address			Present Address		
Occupation			Occupation		
Passport No./ Gov't Issued Id			Passport No./ Gov't Issued Id		
Date Issued			Date Issued		
Issued by			Issued by		
Valid Until			Valid Until		
Number of Previous Children / Number of Children now Living					
Name and Address of Physician or Nurse					

Signature of Parent, Physician or Nurse

IMPORTANT: IF PARENT, PHYSICIAN OR NURSE IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.

SUBSCRIBED AND SWORN to before me this _____ day of _____

NOTARY PUBLIC

The foregoing information was furnished by
 Father Mother
 Physician Nurse

And supported by
 Affidavit Physician Certificate
 Certificate from local authorities

Reg No: _____

Fee Paid: _____

Book No: _____

O.R. No.: _____

Page No: _____

Service No.: _____