



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: \_\_\_\_\_

ID# \_\_\_\_\_

**DETAILS OF CHILD'S BIRTH**

1. CHILD'S LAST NAME	_____	5. DATE OF BIRTH (day-month-year)	_____
2. CHILD'S FIRST NAME	_____	6. TIME OF BIRTH	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. CHILD'S MIDDLE NAME	_____	7. SEX:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
4. PLACE OF BIRTH	_____	8. CIVIL STATUS OF PARENTS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> 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)	_____	24. PLACE OF MARRIAGE _____
22. NUMBER OF PREVIOUS CHILDREN	_____	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 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