FOREIGN SERVICE OF THE PHILIPPINE
PHILIPPINE CONSULATE GENERAL
LOS ANGELES, CALIFORNIA

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Revised 01 JANUARY 2004 (USA)
FA FORM NO. 40

REPORT OF BIRTH
CHILD BORN ABROAD OF PHILIPPINE PARENT

PLEASE TYPE OR PRINT LEGIBLY WITH BLACK OR BLUE INK YOUR ANSWERS IN THE SPACE PROVIDED (IF NOT APPLICABLE WRITE N/A)

1. CHILD'S LAST NAME (surname or family name)

2. CHILD'S FIRST NAME (given name(s) written on birth certificate)

3. CHILD'S MIDDLE NAME (mother's maiden surname)

4. DATE OF BIRTH			5. TIME OF BIRTH		6. SEX
DAY	MONTH (write whole word)	YEAR	HOUR	MINUTES	☐ MALE ☐ FEMALE

7. PLACE OF BIRTH (hospi tal or instituti on, city, state or province, countr y)

8 FATHER'S NAME	9a FATHER'S RACE	9b. FATHER'S RELIGION	10. MOTHER'S NAME	11a. MOTHER'S RACE	11b. MOTHER'S RELIGION

12. FATHER'S CITIZENSHIP at the time of child's birth	13. FATHER'S DATE OF BIRTH MM/DD/YYYY	14. MOTHER'S CITIZENSHIP at time of child birth	15. MOTHER'S DATE OF BIRTH MM/DD/YYYY

16. FATHER'S PROOF OF PHILIPPINE CITIZENSHIP ☐ NOT APPLICABLE ☐ PASSPORT ☐ BIRTH CERTIFICATE ☐ OTHERS _____	17. MOTHER'S PROOF OF PHILIPPINE CITIZENSHIP ☐ NOT APPLICABLE ☐ PASSPORT ☐ BIRTH CERTIFICATE ☐ OTHERS _____

18a. FATHER'S PASSPORT NUMBER	18b. PLACE OF ISSUE	19a. MOTHER'S PASSPORT NUMBER	19b. PLACE OF ISSUE

20. FATHER'S BIRTH PLACE	21. MOTHER'S BIRTH PLACE

22. FATHER'S PRESENT OCCUPATION	23. FATHER'S RELIGION	24. MOTHER'S PRESENT OCCUPATION	25. MOTHER'S RELIGION

26. FATHER'S ADDRESS IN THE U.S. OR COUNTRY OF RESIDENCE (Include apartment number, street, city, state or province, country, postal code)	27. MOTHER'S ADDRESS IN THE U.S. OR COUNTRY OF RESIDENCE (Include apartment number, street, city, state or province, country, postal code)

28. PLACE OF MARRIAGE OF PARENTS (Include apartment number, street, city, state or province, country, postal code)	29. DATE OF MARRIAGE OF PARENTS DAY / MONTH (write whole word) / YEAR

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that the statements made on this Application Form are true and that the atttached supporting documents are authentic.

_____ SIGNATURE OF PARENT, PHYSICIAN OR NURSE OVER PRINTED NAME	_____ DATE AND PLACE OF APPLICATION

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

Subscribe and sworn to before me this _____ day of _____ Doc. No._____ Page No. _____

Book No._____ Series of _____

year _____ at _____

NOTARY PUBLIC

FOR OFFICIAL USE ONLY

CONSULAR SEAL	This birth was registered on _____ at the Embassy under No. _____ of the Civil Registry Record Book. This report has been executed in four (4) copies, with a copy each furnished to the parents, the Civil Registar General and the Department of Foreign Affairs, and a copy placed in the files of the Embassy, together with the supporting documents.	
	Document No. **Service No.** **O.R. No.** **Fee**	**RECEIVER** **CASHIER** **PROCESSOR**
_____ PLACE AND DATE OF REPORT	**CONSULAR OFFICIAL**	

PLEASE SEE REVERSE SIDE FOR REQUIREMENTS