



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE
FA FORM NO. 40
REVISED MARCH 2015

REPORT OF BIRTH

DATE OF REPORT
(day-month-year)

LEAVE BLANK

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: **LEAVE BLANK**

ID # **LEAVE BLANK**

DETAILS OF CHILDS BIRTH

1. CHILD'S LAST NAME	CRUZ	5. DATE OF BIRTH	25 DECEMBER 2015 FOLLOW THIS FORMAT
2. CHILD'S FIRST NAME	TOMAS KARLO	6. TIME OF BIRTH	11:59 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
3. CHILD'S MIDDLE NAME	HOLMES MIDDLE NAME IS THE MOTHER'S MAIDEN SURNAME IF NOT MARRIED/FATHER IS UNKNOWN LEAVE IT BLANK	7. SEX	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. PLACE OF BIRTH	CARSON CITY, LOS ANGELES COUNTY	8. CIVIL STATUS OF PARENTS	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED

DETAILS OF BIRTH PARENTS (at the time of childs birth)

	INFORMATION ON BIRTH FATHER	INFORMATION ON BIRTH MOTHER
9. LAST NAME	CRUZ	CRUZ
10. FIRST NAME	TOMAS	KATHY
11. MIDDLE NAME	CARAY	HOLMES
	12. MAIDEN SURNAME	KATHY SHERLOCK HOLMES
13. CITIZENSHIP	FILIPINO	AMERICAN
14. DATE OF BIRTH (day-month-year)	12 JUNE 1980 FOLLOW THIS FORMAT	30 NOVEMBER 1981 FOLLOW THIS FORMAT
15. PLACE OF BIRTH	MANILA, PHILIPPINES	LOS ANGELES CA, USA
16. OCCUPATION	PHYSICIAN	HOUSEWIFE
17. RELIGION	ROMAN CATHOLIC	ROMAN CATHOLIC
18. HOME ADDRESS	Apt.123 3355 Wilshire Blvd Los Angeles CA	Apt.123 3355 Wilshire Blvd Los Angeles CA
19. NATURALIZED (if foreign born)	N/A	N/A
20. DATE AND PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month- year)	12 June 1980 FOLLOW THIS FORMAT	N/A
21. DATE OF MARRIAGE (day-month-year)	14 February 2015 FOLLOW THIS FORMAT	24. PLACE OF MARRIAGE LAS VEGAS, CLARK COUNTY
22. NUMBER OF PREVIOUS CHILDREN	0 THIS INCLUDES CHILDREN WHO DIED	25. NUMBER OF CHILDREN NOW LIVING 1 THIS INCLUDES REPORTED CHILD
23. SIGNATURE OF PARENT, PHYSICIAN OR NURSE OVER PRINTED NAME	 TOMAS C. CRUZ	

WHEN REPORTED BY MAIL, USE THIS PORTION IN THE PRESENCE OF TWO WITNESSES:

Declared in our presence this _____ day of _____ at _____

FILL UP THIS PORTION WHEN SENDING BY MAIL

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 _____

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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 _____

LEAVE BLANK

SEAL _____ REPUBLIC OF THE PHILIPPINES

WHEN SENT BY MAIL, NOTARY PUBLIC CAN USE THIS BLANK SPACE OR USE A SEPARATE ALL PURPOSE ACKNOWLEDGMENT FORM