



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

**NOT FOR SALE**

FA FORM NO. 40  
(REVISED JUNE 2013)

**REPORT OF BIRTH**

DATE OF REPORT   
*(day-month-year)*

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:

PHILIPPINE CONSULATE GENERAL, XIAMEN

Registry No.

**DETAILS OF CHILD BIRTH**

1. CHILD'S LAST NAME	<input type="text"/>	5. DATE OF BIRTH	<input type="text"/>
2. CHILD'S FIRST NAME	<input type="text"/>	6. TIME OF BIRTH	[ ] PM [ ] AM
3. CHILD'S MIDDLE NAME	<input type="text"/>	7. SEX	[ ] MALE [ ] FEMALE
4. PLACE OF BIRTH	<input type="text"/>	8. CIVIL STATUS OF PARENTS:	[ ] MARRIED [ ] NOT MARRIED

**DETAILS OF PARENTS (at the time of child's birth)**

	INFORMATION ON BIRTH FATHER	INFORMATION ON BIRTH MOTHER
9. LAST NAME	<input type="text"/>	<input type="text"/>
10. FIRST NAME	<input type="text"/>	<input type="text"/>
11. MIDDLE NAME	<input type="text"/>	<input type="text"/>
12. NAME BEFORE MARRIAGE	<input type="text"/>	
13. CITIZENSHIP	<input type="text"/>	<input type="text"/>
14. DATE OF BIRTH	<input type="text"/>	<input type="text"/>
15. PLACE OF BIRTH	<input type="text"/>	<input type="text"/>
16. OCCUPATION	<input type="text"/>	<input type="text"/>
17. RELIGION	<input type="text"/>	<input type="text"/>
18. HOME ADDRESS	<input type="text"/>	<input type="text"/>
19. NATURALIZED (if foreign born)	<input type="text"/>	<input type="text"/>
20. DATE AND PLACE OF OF REGISTRATION AS PHILIPPINE CITIZEN <i>(day-month-year)</i>	<input type="text"/>	<input type="text"/>
21. DATE OF MARRIAGE <i>(day-month-year)</i>	<input type="text"/>	24. PLACE OF MARRIAGE <input type="text"/>
22. NUMBER OF PREVIOUS CHILDREN	<input type="text"/>	25. NUMBER OF CHILDREN NOW LIVING <input type="text"/>
23. SIGNATURE OF <u>PARENT</u> , PHYSICIAN OR NURSE OVER PRINTED NAME	<input type="text"/>	

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 \_\_\_\_\_

Embassy/Consulate of the Philippines in Xiamen City, People's Republic of China.

Consul

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 \_\_\_\_\_  
Doc. No. \_\_\_\_\_  
Service No. \_\_\_\_\_  
O.R.No. \_\_\_\_\_  
Fee paid: \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

SEAL

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REPUBLIC OF THE PHILIPPINES