



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS
REPORT OF BIRTH

NOT FOR SALE
FA FORM NO.40
(REVISED MARCH 2013)

CHILD BORN ABROAD OF FILIPINO PARENT/S

DATE OF REPORT
(day-month-year)

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.

Foreign Service Post:

TORONTO PGC

FSP ID#

DETAILS OF CHILD'S BIRTH

1. CHILD'S LAST NAME	<input type="text"/>	5. DATE OF BIRTH (day-month-year)	<input type="text"/>
2. CHILD'S FIRST NAME	<input type="text"/>	6. TIME OF BIRTH	<input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
3. CHILD'S MIDDLE NAME	<input type="text"/>	7. SEX:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
4. PLACE OF BIRTH	<input type="text"/>	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	<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. FULL MAIDEN NAME	<input type="text"/>
13. CITIZENSHIP	<input type="text"/>	<input type="text"/>
14. DATE OF BIRTH (day-month-year)	<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 & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month-year/ place of registration)	<input type="text"/>	<input type="text"/>
21. DATE OF MARRIAGE (day-month-year)	<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 OVER PRINTED NAME & ADDRESS OF PARENT, PHYSICIAN OR NURSE	<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 _____
at the Embassy/ Consulate 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