

REPORT OF BIRTH  
CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS

Name of child in full \_\_\_\_\_ (Place & date of report)  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
Place of birth \_\_\_\_\_; \_\_\_\_\_ hours; \_\_\_\_\_ minutes  
Civil status of parents \_\_\_\_\_

FATHER

Full name \_\_\_\_\_  
\* Race \_\_\_\_\_ Religion \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Present Residence \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Naturalized (if foreign-born) \_\_\_\_\_  
Registered as Philippine citizen at \_\_\_\_\_  
On \_\_\_\_\_  
Passport no. \_\_\_\_\_ Issued by \_\_\_\_\_  
Dated \_\_\_\_\_  
Valid until \_\_\_\_\_  
Precise periods and places of residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Place and date of marriage \_\_\_\_\_  
Number of previous children \_\_\_\_\_  
Name and address of physician or nurse \_\_\_\_\_  
\_\_\_\_\_

MOTHER

Full name \_\_\_\_\_  
\* Race \_\_\_\_\_ Religion \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Name before marriage \_\_\_\_\_  
Present Residence \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Naturalized (if foreign-born) \_\_\_\_\_  
Registered as Philippine citizen at \_\_\_\_\_  
On \_\_\_\_\_  
Passport no. \_\_\_\_\_ issued by \_\_\_\_\_  
Dated \_\_\_\_\_  
Valid until \_\_\_\_\_  
Precise periods and places of residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Place and date of marriage \_\_\_\_\_  
Number now living \_\_\_\_\_  
Name and address of physician or nurse \_\_\_\_\_  
\_\_\_\_\_

\*Caucasian, Malay, Indian, Mongolian, etc.

\_\_\_\_\_  
Signature of parent, physician or nurse

(WHEN REPORTED BY MAIL, SIGN IN THE PRESENCE OF TWO WITNESSES)

Declared in our presence this \_\_\_\_\_  
Day of \_\_\_\_\_  
At \_\_\_\_\_  
(Witness) \_\_\_\_\_  
(address) \_\_\_\_\_  
(Witness) \_\_\_\_\_  
(address) \_\_\_\_\_ (seal)

(WHEN REPORTED IN PERSON, USE THIS FORM)

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_  
at \_\_\_\_\_  
\_\_\_\_\_ of the Philippines.  
(seal)

PHILIPPINE EMBASSY / CONSULATE

At \_\_\_\_\_

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 triplicate, copy issued by parents, copy transmitted to the Department of Foreign Affairs, Manila, and copy placed in the files of this Office.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

(SEAL)

Embassy of the Philippines, Ottawa, ON Canada  
Republic of the Philippines

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