

**FOREIGN SERVICE OF THE PHILIPPINES**

**REPORT OF BIRTH  
CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS**

\_\_\_\_\_ (Place and date of report)

Name of Child (in full) _____	Sex _____
Date of Birth _____	Hour _____ Minutes _____
Place of Birth (in full) _____	
Civil Status of parents _____	

FATHER	MOTHER
Full name _____	Full name _____
Race _____; Religion _____	Name before marriage _____
Date of Birth _____	Race _____; Religion _____
Occupation _____	Date of Birth _____
Present residence _____	Present residence _____
_____	_____
Birthplace _____	Birthplace _____
Naturalized (if foreign born) _____	Naturalized (if foreign born) _____
_____	_____
Naturalized as Philippine Citizen at _____ on _____	Naturalized as Philippine Citizen at _____ on _____
Passport No. _____	Passport No. _____
issued by _____	issued by _____
dated _____ valid up to _____	dated _____ valid up to _____
Precise periods and places of Philippine residence: _____ _____ _____	Precise periods and places of Philippine residence: _____ _____ _____

Place and Date of Marriage _____
Number of previous children _____ Number now living _____
Name and address of physician or nurse _____
_____
_____ (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) _____	(WHEN REPORTED IN PERSON, USE THIS FORM) Subscribed and sworn to before me this _____ day of _____, _____, at the Embassy of the Philippines, Riyadh, Kingdom of Saudi Arabia.  (Seal)
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**EMBASSY OF THE PHILIPPINES**

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 to parents, copy transmitted to the Department of Foreign Affairs, Manila, and copy placed in the files of this office.

REMARKS \_\_\_\_\_  
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(Seal)  
No fee prescribed.

\_\_\_\_\_ of the Philippines