

FOREIGN SERVICE OF THE PHILIPPINES

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

(Place and date of report)

Name of child in full (FIRST) (MIDDLE) (LAST)

Date of Birth Sex: Hour:

Place of Birth (in full)

Civil status of parents

FATHER

MOTHER

Full Name

Race Religion

Date of Birth

Occupation

Present residence

Birthplace

Naturalized (if foreign born)

Registered as Philippine citizen at

on

Passport No. Issued at

Issued on Valid to

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)

(WHEN REPORTED IN PERSON, USE THIS FORM)

Declared in our presence this day of at

(Witness)

(Address)

(Witness)

(Address)

Subscribed and sworn to be fore me this day of at

of the Philippines

(Seal)

PHILIPPINE CONSULATE GENERAL

At: Toronto, Ontario, Canada

The foregoing information was furnished by (father, mother physician, nurse) and supported by (affidavit, physician's certificate, from local authorities). This report has been executed in triplicate, copy issued to parents, copy transmitted to Department of Foreign Affairs, Manila, and copy placed in the files of this office.

REMARKS

Fee :

O.R. No:

Service No. : of the Philippines