



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, CHICAGO

DETAILS OF CHILDS BIRTH

1. CHILD'S LAST NAME	_____	5. DATE OF BIRTH	_____
2. CHILD'S FIRST NAME	_____	(day-month-year)	
3. CHILD'S MIDDLE NAME	_____	6. TIME OF BIRTH	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
4. PLACE OF BIRTH	_____	7. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		8. CIVIL STATUS OF PARENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED

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

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

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

SEAL REPUBLIC OF THE PHILIPPINES

## REQUIREMENTS

- Report of Birth form accomplished in two (2) originals and three photocopies.
  - Original or certified true copy and four (4) copies of the following:
    - Child's Birth Certificate
    - Proof of citizenship of parent(s) at the time of child's birth such as:
      - Philippine passport issued at the time of child's birth
      - Certificate of Naturalization of parent(s), if applicable
      - Alien registration card (green/pink card) or U.S. visa, if applicable
    - Marriage Certificate of parents
  - Original and four (4) copies of Oath of Allegiance and Order of Approval for Dual Citizenship of Filipino parent, *if child acquired Philippine citizenship as a derivative beneficiary under R.A. 9225.*
  - Two (2) originals and two (2) photocopies of Notarized Affidavit of Delayed Registration, *if Report of Birth is filed more than twelve (12) months after the child's birth.*
  - Processing fee of \$25.00 (*non-refundable and payable in cash if personally applying, or money order, cashier's check or bank draft payable to the Philippine Consulate General if applying by mail. Personal checks, personal money orders and credit cards are not accepted.*)
- \* Pre-paid return envelope

### NOTE:

The Consular Officer reserves the right to require additional documents from the applicant.

### ***Only Birth Certificates from the following states are accepted by the Consulate:***

<i>Arkansas</i>	<i>Mississippi</i>
<i>Illinois</i>	<i>Missouri</i>
<i>Indiana</i>	<i>Nebraska</i>
<i>Iowa</i>	<i>North Dakota</i>
<i>Kansas</i>	<i>Ohio</i>
<i>Louisiana</i>	<i>Oklahoma</i>
<i>Michigan</i>	<i>South Dakota</i>
<i>Minnesota</i>	<i>Wisconsin</i>

**AFFIDAVIT FOR DELAYED REGISTRATION**

**OF**

**BIRTH**     **MARRIAGE**     **DEATH**

*(In case of birth, this form may be accomplished by either the father, mother, guardian or the person concerned himself/herself, if the latter is already 18 years old and above.)*

I, \_\_\_\_\_ of legal age, single/married and with residence and postal address at \_\_\_\_\_, after having duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of birth/marriage/death of \_\_\_\_\_;
2. That said birth/marriage/death took place on \_\_\_\_\_ in \_\_\_\_\_;
3. That I/he/she am/is a citizen of \_\_\_\_\_; and
4. That the reason for the delay in registering the birth/marriage/death was due to \_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

**SUBSCRIBED AND SWORN TO** before me this \_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Notary Public