



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

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

# REPORT OF BIRTH

CHILD BORN ABROAD OF FILIPINO PARENT/S

DATE OF REPORT

PHILIPPINE CONSULATE GENERAL, CHICAGO

DO NOT LEAVE ANY SPACES BLANK. INDICATE N/A IF NOT APPLICABLE.

### 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"/> AM <input type="text"/> PM
3. CHILD'S MIDDLE NAME (MOTHER'S MAIDEN NAME)	<input type="text"/>	7. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. PLACE OF BIRTH	<input type="text"/>	8. CIVIL STATUS OF PARENTS: (AT THE TIME OF BIRTH OF THE CHILD)	<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	<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. NAME BEFORE MARRIAGE	<input type="text"/>	<input type="text"/>
13. CITIZENSHIP (AT THE TIME OF BIRTH OF THE CHILD)	<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 AND TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>
19. NATURALIZED (if foreign born)	<input type="text"/>	<input type="text"/>
20. DATE AND PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month)	<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 OF PARENT, PHYSICIAN OR NURSE OVER PRINTED NAME <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 Philippine Consulate General, Chicago.

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 : \$25.00  
 Book No. : \_\_\_\_\_  
 Series of : \_\_\_\_\_

SEAL \_\_\_\_\_ REPUBLIC OF THE PHILIPPINES

## REQUIREMENTS

- Report of Birth form accomplished in two (2) originals and three (3) 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 and alien registration card (green/pink card) or U.S. visa, if applicable
    - Certificate of Naturalization of parent(s), 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.*)

### 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:***

Arkansas  
Illinois  
Indiana  
Iowa  
Kansas  
Louisiana  
Michigan  
Minnesota

Mississippi  
Missouri  
Nebraska  
North Dakota  
Ohio  
Oklahoma  
South Dakota  
Wisconsin

**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