



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

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

**REPORT OF BIRTH**

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.

DATE OF REPORT  
(day-month-year)

ID#

Foreign Service Post: **Philippine Embassy, Mexico**

www.philembassymexico.com/

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"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
3. CHILD'S MIDDLE NAME	<input type="text"/>	7. SEX:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
4. PLACE OF BIRTH	<input type="text"/>	8. CIVIL STATUS OF PARENTS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED

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

INFORMATION ON CHILD'S FATHER

INFORMATION ON CHILD'S 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. MAIDEN SURNAME	<input type="text"/>
13. CITIZENSHIP	<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	<input type="text"/>	<input type="text"/>
19. NATURALIZED (if foreign born)	<input type="text"/>	<input type="text"/>
20. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month-year/place of registration)	<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 OVER PRINTED NAME & ADDRESS OF PARENT, PHYSICIAN OR NURSE	<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 Embassy of the Philippine **Mexico**

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: \_\_\_\_\_  
Service No.: \_\_\_\_\_  
O.R. No.: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

SEAL

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