

**CONSULATE GENERAL OF THE PHILIPPINES**  
556 Fifth Avenue, New York, NY 10036-5095

**REPORT OF BIRTH**

CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS

Name of child (in full) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Time of Birth \_\_\_\_\_

Place of Birth (in full) \_\_\_\_\_

Civil Status of Parents \_\_\_\_\_

**FATHER**

**MOTHER**

Full name \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Present residence: \_\_\_\_\_

Full Name \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Present Residence: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
Naturalized (if foreign born): \_\_\_\_\_

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Naturalized (if foreign born): \_\_\_\_\_

Registered as Philippine Citizen  
at: \_\_\_\_\_ on: \_\_\_\_\_

Registered as Philippine Citizen  
at: \_\_\_\_\_ on: \_\_\_\_\_

Passport No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Issued by: \_\_\_\_\_  
dated: \_\_\_\_\_

Issued by: \_\_\_\_\_  
dated: \_\_\_\_\_

valid up to: \_\_\_\_\_

valid up to: \_\_\_\_\_

**PRECISE PERIODS AND PLACES OF PHILIPPINE RESIDENCE**

Place and date of marriage: \_\_\_\_\_

Number of previous children: \_\_\_\_\_

Name and address of physician or nurse: \_\_\_\_\_

Doc. No. \_\_\_\_\_  
Series of \_\_\_\_\_  
SN. \_\_\_\_\_

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:  
(Witness) \_\_\_\_\_  
(Witness) \_\_\_\_\_  
(Witness) \_\_\_\_\_

Subscribed and sworn to before me this day of \_\_\_\_\_  
at New York City, New York

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

Philippine Consulate General at New York, New York \_\_\_\_\_, 20\_\_\_\_