



# PHILIPPINE FOREIGN SERVICE POST

PHILIPPINE CONSULATE GENERAL, SAN FRANCISCO

**THIS FORM IS NOT FOR SALE**

(DFA-OCA-CRD-05 / REV.01 / 24 APRIL 2018)

**OFFICIAL USE ONLY**

DATE OF REGISTRATION

REGISTRY NUMBER

## REPORT OF BIRTH

### DETAILS OF CHILD'S BIRTH

1. CHILD'S LAST NAME

5. DATE OF BIRTH  
*(Ex. 01 January 2000)*

2. CHILD'S FIRST NAME

6. SEX

 MALE FEMALE

3. CHILD'S MIDDLE NAME  
*(Mother's Maiden Surname)*

7. TYPE OF BIRTH *(Single, Twin, Triplets, etc)*

4. PLACE OF BIRTH  
*(city/state/province, country)*

8. BIRTH ORDER

*(Children born by mother including fetal death)*

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

#### FATHER

#### MOTHER (MAIDEN INFORMATION)

9. LAST NAME

10. FIRST NAME

11. MIDDLE NAME

12. CITIZENSHIP

13. DATE OF BIRTH  
*(Ex. 01 January 2000)*

14. PLACE OF BIRTH  
*(city/state/province, country)*

15. RELIGION

16. NATURALIZED  
DATE & PLACE OF REGISTRATION  
AS PHILIPPINE CITIZEN  
*(Ex. 01 January 2000 / country)*

17. CIVIL STATUS OF PARENTS  MARRIED

18. DATE OF MARRIAGE OF PARENTS  
*(Ex. 01 January 2000)*

NOT MARRIED

19. PLACE OF MARRIAGE  
*(city/state/province, country)*

20. I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of birth of the child being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME : \_\_\_\_\_

RELATIONSHIP TO THE CHILD : \_\_\_\_\_

SUBSCRIBE AND SWORN TO BEFORE ME this \_\_\_\_\_ by the above-named informant, here in \_\_\_\_\_  
*Date (Ex. 01 January 2000)*

[SEAL]

NOTARIAL AUTHORITY

21. REMARKS/ANNOTATIONS

### OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

22. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, \_\_\_\_\_ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate  
\_\_\_\_\_ SAN FRANCISCO, CA \_\_\_\_\_.

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

[SEAL]

REPUBLIC OF THE PHILIPPINES