



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE

FA FORM NO. 40
(REVISED 11JNF 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)

Foreign Service Post: **Philippine Consulate General, Milan, Italy**

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. FULL NAME BEFORE MARRIAGE			<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 Consulate of the Philippines in Milan, Italy.

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.

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SEAL

REPUBLIC OF THE PHILIPPINES

REQUIREMENTS:

1. Duly filled-up REPORT OF BIRTH form.
2. Personal appearance of either or both parents of the child.
3. *Certificato di Nascita* from *Comune* reflecting the name(s) of the child's parent/s. (one original and 4 photocopies)
Note: The original *Certificato di Nascita* from *Comune* will be forwarded to the NSO in the Philippines
4. Valid Passport/s of the child's parent/s. (original and 4 photocopies)
5. Authenticated NSO Marriage Certificate of child's parents.
(original and 4 photocopies)
6. Application fee of € 22.50.

OTHER REQUIREMENTS:

1. **Affidavit to Use the Surname of the Father** (to be executed by the child's father)
If parents of the child are not married and the child will use the surname of the father.
2. **Affidavit of Delayed Registration of Birth** (to be executed by either or both parents or applicant)
If registration is made 30 days after the child's birth.

Affidavit = € 22.50