

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES

Pretoria, South Africa

Registration No. _____

REPORT OF BIRTH
Child born of Philippine Parent or Parents

Date: _____

Full Name of Child		
Sex		
Date of Birth		
Place of Birth (in full)		
Civil Status of Parents		
	FATHER	MOTHER
Full Name		
Date of Birth		
Occupation		
Present Address		
Nationality		
Passport No.		
Place of Issue		
Date of Issue		
Permanent Address in the Philippines		
Date and Place of Marriage		
Number of Previous Children		
Name of Attending Doctor/Nurse		
Address of Attending Doctor/Nurse		

Service No. _____

Signature of Parent/Physician/Nurse

(When reporting by mail, sign in the presence of two witnesses)

(When reporting in person, use this Form)

Declared in our presence this ____ day of _____,
20____, at _____.
Witness: _____
Address: _____
Witness: _____
Address _____

Subscribed and sworn to before me, this ____
day of _____, 20____, at the
Embassy of the Philippines, Pretoria, South Africa.

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
Pretoria, South Africa

Date: _____

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 to parents, copy transmitted to the Department of Foreign Affairs, and copy placed in the files of this office.

Remarks:

(Seal)