

PHILIPPINE EMBASSY, HANOI

REPORT OF BIRTH

CHILD BORN ABROAD OF FILIPINO PARENT OR PARENTS

(Place and date of report)

Name of child in full Sex Date of Birth hour Place of birth (in full) Civil status of parents

FATHER

MOTHER

Full Name * Race Religion Date of Birth Occupation Present residence Birthplace Naturalized (if foreign born) Registered as Philippine citizen at On Passport No. issued by On Valid until Precise period and places of Philippine residence

Full Name * Race Religion Date of Birth Occupation Present residence Birthplace Naturalized (if foreign born) Registered as Philippine citizen at On Passport No. issued by On Valid until Precise period and places of Philippine residence

Place and date of marriage Number of previous children Number now living Name and address of physician or nurse

*Caucasian, Malay, Negroid, Indian, or Mongolian

(Signature of parents, physician, or nurse)

(WHEN REPORTED BY MAIL, SIGNED IN THE PRESENCE OF TWO WITNES)

(WHEN REPORTED IN PERSON, USE THIS FORM)

Declared to in our presence this Day of 20 At Witness : Address : Witness : Address :

Subscribed and sworn to before me this day of 20 at of the Philippines. (Seal)

PHILIPPINE EMBASSY

At 20

The foregoing information was furnished by (father, mother, physician, nurse) and supported by (affidavit, physician's certificate from local authorities) This report has been executed in triplicate copy issued to parents, copy transmitted to the Department of Foreign Affairs Manila and placed in the files of this office.

REMARKS

(Seal)