



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

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.

NOT FOR SALE
FA FORM NO.40
(REVISED MARCH 2013)

DATE OF REPORT
(day-month-year)

Foreign Service Post: PHILIPPINE EMBASSY SINGAPORE

FSP ID#

DETAILS OF CHILD'S BIRTH

1. CHILD'S LAST NAME	PANES	5. DATE OF BIRTH (day-month-year)	10-JULY-2017
2. CHILD'S FIRST NAME	EZER	6. TIME OF BIRTH	10:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
3. CHILD'S MIDDLE NAME	AMON	7. SEX:	<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
4. PLACE OF BIRTH	SINGAPORE	8. CIVIL STATUS OF PARENTS:	<input checked="" 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	PANES	9. LAST NAME	PANES
10. FIRST NAME	RAFAEL	10. FIRST NAME	SHEERALINE
11. MIDDLE NAME	JIMENEZ	11. MIDDLE NAME	AMON
12. FULL MAIDEN NAME		12. FULL MAIDEN NAME	SHEERALINE PAGSANJAN AMON
13. CITIZENSHIP	PHILIPPINES	13. CITIZENSHIP	PHILIPPINES
14. DATE OF BIRTH (day-month-year)	22-APRIL-1976	14. DATE OF BIRTH (day-month-year)	24-JULY-1986
15. PLACE OF BIRTH	PASAY CITY, METRO MANILA, PHILIPPINES	15. PLACE OF BIRTH	MAKATI CITY, METRO MANILA, PHILIPPINES
16. OCCUPATION	IT MANAGER	16. OCCUPATION	OPERATIONS MANAGER
17. RELIGION	CHRISTIAN	17. RELIGION	CHRISTIAN
18. HOME ADDRESS	319B ANCHORVALE DRIVE #04-94 SINGAPORE 542319	18. HOME ADDRESS	319B ANCHORVALE DRIVE #04-94 SINGAPORE 542319
19. NATURALIZED (if foreign born)		19. NATURALIZED (if foreign born)	
20. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month-year/ place of registration)		20. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN (day-month-year/ place of registration)	
21. DATE OF MARRIAGE (day-month-year)	27-OCTOBER-2012	24. PLACE OF MARRIAGE	CAVITE, TAGAYTAY CITY
22. NUMBER OF PREVIOUS CHILDREN		25. NUMBER OF CHILDREN NOW LIVING	3
23. SIGNATURE OVER PRINTED NAME & ADDRESS OF PARENT, PHYSICIAN OR NURSE			

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 Embassy/ Consulate of the Philippines in _____.

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.

Date: _____
Service No.: _____
O.R. No.: _____
Fee Paid: _____

SEAL

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