PHILIPPINE EMBASSY
Stockholm, Sweden

REPORT OF BIRTH
CHILD BORN ABROAD OF PHILIPPINE PARENT/S

Full name of child _____ Sex _____
Date of birth _____, 20____ Time of birth (hour & minutes) _____
Place of birth (in full) _____
Type of birth (single, twin, triplet, etc.) _____
If multiple birth, the child was (first, second, third, etc.) _____

FATHER	MOTHER
Full Name _____	Full Name _____
Religion _____	If married, Maiden Name _____
Date of Birth _____	Religion _____
Occupation _____	Date of Birth _____
Present Address _____	Occupation _____
_____	Present Address _____
_____	_____
Birthplace _____	Birthplace _____
Citizenship _____	Citizenship _____
If naturalized Filipino, former citizenship is _____	If naturalized Filipino, former citizenship is _____
and registered as Philippine citizen at _____	and registered as Philippine citizen at _____
on _____	on _____
Passport No. _____	Passport No. _____
issued by _____	issued by _____
dated on _____	dated on _____
and valid until _____	and valid until _____
Precise periods and places of Philippine Residence	Precise periods and places of Philippine Residence
_____	_____
_____	_____

Are the parents married ? ☐ Yes ☐ No
Place of Marriage _____ Date of Marriage _____
Number of previous children _____(Number now living) _____
Name and address of physician, nurse or midwife _____
_____

_____
Signature of parent, physician, nurse, or midwife

(WHEN REPORTED BY MAIL, SIGN IN PRESENCE OF TWO WITNESSES)

Declared to in our presence this _____day of _____,
20 _____ at _____.
(Name of Witness) _____
(Signature of Witness) _____
(Address) _____
(Name of Witness) _____
(Signature of Witness) _____
(Address) _____

(WHEN REPORTED IN PERSON)

Subscribed and sworn to before me this _____ day of _____, 20 11_____ at the Embassy of the Republic of the Philippines, Stockholm, Sweden.

The foregoing information was furnished by (father, mother, physician/nurse/midwife) 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, Manila, and copy placed in the files of this office.

Fee: _____
O.R. No. : _____
Service No. : _____
Doc. No. : _____
Series of : 2011
Book No. : IX
Page No. : _____

REMARKS: _____
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