

Report of Birth

1. Personal appearance of either parent
2. Four (4) copies of typewritten Report of Birth Form with original signature
 - Please use black ink pen only
 - Entries must be in CAPITAL LETTERS
 - Erroneously filled-out forms will NOT be accepted.
 - Item No. 4: indicate the name of the hospital (i.e. TAWAM HOSPITAL, AL AIN, ABU DHABI, UAE)
 - Item No. 9 & 11: indicate the full maiden information of the mother
3. Original and Three (3) photocopies of the UAE Birth certificate bearing the UAE-MOFA (Ministry of Foreign Affairs) authentication stamp;
4. Three (3) photocopies of the parents' valid passports;
5. Certified Original Copy and Three (3) photocopies of Marriage Certificate or Report of Marriage from the Philippine Statistics Authority (PSA) duly authenticated by the Department of Foreign Affairs in Manila
6. Other necessary requirement/s requested by the processor to determine proof of citizenship, identity or eligibility for registration of birth under Philippine Laws.

Payment:

- 100AED for attestation
- 100AED for Report of Birth fee

Releasing:

- After five (5) working days, the Report of Birth may be claimed.
- Processing time: 8:00 AM - 12:00 NN
- Releasing time: 3:00 PM - 5:00 PM



PHILIPPINE FOREIGN SERVICE POST

THIS FORM IS NOT FOR SALE

(DFA-OCA-CRD-05 / REV.01 / 24 APRIL 2018)

REPORT OF BIRTH

OFFICIAL USE ONLY	
DATE OF REGISTRATION	_____
REGISTRY NUMBER	_____

DETAILS OF CHILD'S BIRTH

1. CHILD'S LAST NAME	_____	5. DATE OF BIRTH <i>(Ex. 01 January 2000)</i>	_____
2. CHILD'S FIRST NAME	_____	6. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
3. CHILD'S MIDDLE NAME <i>(Mother's Maiden Surname)</i>	_____	7. TYPE OF BIRTH <i>(Single, Twin, Triplets, etc)</i>	_____
4. PLACE OF BIRTH <i>(city/state/province, country)</i>	_____	8. BIRTH ORDER <i>(Children born by mother including fetal death)</i>	_____

DETAILS OF THE BIRTH PARENTS (at the time of child's birth)

	FATHER	MOTHER (MAIDEN INFORMATION)
9. LAST NAME	_____	_____
10. FIRST NAME	_____	_____
11. MIDDLE NAME	_____	_____
12. CITIZENSHIP	_____	_____
13. DATE OF BIRTH <i>(Ex. 01 January 2000)</i>	_____	_____
14. PLACE OF BIRTH <i>(city/state/province, country)</i>	_____	_____
15. RELIGION	_____	_____
16. NATURALIZED DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN <i>(Ex. 01 January 2000 / country)</i>	_____	_____
17. CIVIL STATUS OF PARENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	18. DATE OF MARRIAGE OF PARENTS <i>(Ex. 01 January 2000)</i>
		19. PLACE OF MARRIAGE <i>(city/state/province, country)</i>

20. I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of birth of the child being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME : _____
RELATIONSHIP TO THE CHILD : _____

SUBSCRIBE AND SWORN TO BEFORE ME this _____ by the above-named informant, here in _____
Date (Ex. 01 January 2000)

[SEAL] NOTARIAL AUTHORITY

21. REMARKS/ANNOTATIONS

OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

22. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, _____ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate

Date: _____
Doc. No. _____
Service No. _____
O.R. No. _____
Fee Paid _____
Book No. _____
Series of _____

[SEAL] REPUBLIC OF THE PHILIPPINES