

## **Delayed Registration of 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. Affidavit of Delayed Registration
7. Negative Certification of Birth Record from PSA
8. 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
- 100 AED for Affidavit of Delayed Registration

### **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

# AFFIDAVIT OF DELAYED REGISTRATION OF BIRTH

We, \_\_\_\_\_, \_\_\_\_\_ national, of legal age, presently residing in \_\_\_\_\_, and \_\_\_\_\_, \_\_\_\_\_ national, of legal age, presently residing in \_\_\_\_\_ after having been duly sworn to in accordance with law do hereby depose and state:

1. That we failed to immediately report the birth of our child \_\_\_\_\_, that was born on \_\_\_\_\_ in \_\_\_\_\_, because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. That we wish to register his/her birth in the Philippine Embassy, Abu Dhabi, U.A.E. for our child to be recognized as a Filipino citizen and for  
*(state the reason for reporting the birth)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ at the Embassy of the Philippines, Abu Dhabi, United Arab Emirates.

\_\_\_\_\_  
**FATHER**

\_\_\_\_\_  
**MOTHER**

**Embassy of the Republic of the Philippines  
Consular Section  
Abu Dhabi, United Arab Emirates**

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ affiants exhibiting the following:

<b>NAME</b>	<b>PASSPORT NO.</b>	<b>DATE / PLACE ISSUED</b>
_____	_____	_____
_____	_____	_____

Service No. \_\_\_\_\_  
Doc. No. \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Fee Paid \_\_\_\_\_