

REPORT OF BIRTH

Child Born Abroad of Philippine Parent or Parents

No. _____

Name of Child	Given		Middle		Surname	
	KRISTINE NICOLE		TIROL		RIOS	
Date of Birth	Day	Month	Year	Time	Sex	
	12	JULY	2006	8:25 AM	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Place of Birth	AL SABAH HOSPITAL SHUWAIK					

Particulars of Parents:


FATHER				MOTHER							
Full name (Last)		(First)		(Middle)		Full name (Last)		(First)		(Middle)	
RIOS		EBENEZER		GLORIA		TIROL		RONA		PERGES	
* Race		Religion		* Race		Religion		* Race		Religion	
FILIPINO		ROMAN CATHOLIC		FILIPINO		ROMAN CATHOLIC		FILIPINO		ROMAN CATHOLIC	
Date of Birth	Day	Month	Year	Date of Birth	Day	Month	Year	Date of Birth	Day	Month	Year
	18	SEPT.	1976		24	JULY	1978				
Occupation				Occupation				Occupation			
BARISTA STARBUCKS COFFEE				BARISTA STARBUCKS COFFEE				BARISTA STARBUCKS COFFEE			
Present Residence						Present Residence					
SALMIYA STATE OF KUWAIT						SALMIYA STATE OF KUWAIT					
Birthplace						Birthplace					
SILANGA TANGUB CITY MISC. OCC.						BOGO, CEBU CITY PHILIPPINES					
Naturalized (if foreign born)						Naturalized (if foreign born)					
FILIPINO PHILIPPINES						FILIPINO					
Registered as Philippine citizen at						Registered as Philippine citizen at					
PHILIPPINE EMBASSY						PHILIPPINE EMBASSY					
Passport No.			Issued on			Passport No.			Issued on		
Issued at						Issued at					
Precise Periods and Places of Philippine residence:						Precise Periods and Places of Philippine residence:					
Date of Marriage	Day	Month	Year	Place of Marriage							
	18	MARCH	2002	CATHOLIC SPIRITUAL CHURCH 1127 CHICO ST. ANONAS PDG 3 EWE 30							
No. of Previous Children		No. now living		Name and Address of Physician or Nurse							
1		1		DR SALEM AL-SALEM							

*Caucasian, Malay, Negroid, Indian, or Mongolian

I SOLEMNLY SWEAR UNDER PENALTY OF LAW that the statements made on this Application Form are true and that the attached supporting documents are authentic.

(Signature of Parent, Physician, or Nurse)

Date **10 AUG 2006**

(WHEN REPORTED BY MAIL, SIGN IN THE PRESENCE OF TWO WITNESSES)				(WHEN REPORTED IN PERSON, USE THIS FORM)			
Declared to in our presence this _____ day of _____, 200_____ at _____				SUBSCRIBED AND SWORN to before me this _____ day of _____ 2006 at the _____			
WITNESSES		WITNESSES		 Philippine Embassy, State of Kuwait TOMARA M. AYO Acting Head of Post			
Name: _____	Address: _____	Name: _____	Address: _____				

EMBASSY OF THE PHILIPPINES
State of Kuwait

The foregoing information was furnished by (Father, Mother, Physician, Nurse) and supported by (Affidavit, Physician's Certificate from local authorities). The birth was reported today at the Embassy under No. _____. 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.