

**REPORT OF CHILD BORN ABROAD OF AMERICAN PARENT(S)**  
(AE Reg 40-400)

**Section I - Newborn Child's Data**

<b>Name</b> (first, middle, last)		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Date of birth</b> (month, day, year)	<b>Time of birth</b>	<b>Weight</b> (in grams)	
<b>Place of birth</b> (name of hospital/clinic, city, and country)			

**Section II - Parents' Data**

Item	Father	Mother
<b>Full name</b> (also give mother's maiden name)		
<b>Date and place of birth</b>		
<b>Nationality</b>		
<b>Religion</b> (if given)		
<b>U.S. passport number, date, and place of issue</b>		
<b>Rank, grade, or status</b>		

**Present unit and local residence addresses (full mailing addresses)**

  
  
  
  

**Date and place of marriage**

  
  

**Section III - Hospital Certification**

I hereby certify that I was the attending physician at the birth of the child named in Section I and that all data given concerning the birth of the child is correct to the best of my knowledge.

<b>Typed name and signature of attending physician</b>	<b>Rank</b>	<b>Medical Corps</b>
<b>This report was completed at</b> (name of hospital/clinic)	<b>On</b> (month/day/year)	
<b>Typed name and signature of registrar</b>	<b>Rank</b>	<b>Medical Corps</b>