

Located in the Hospital Bldg. 3766 ROOM: 15B 110
Patient Administration Division (PAD)
usarmy.landstuhl.medcom-rhc-e.mbx.lrmc-birthregistration@health.mil

Hours of Operation:

MONDAY-FRIDAY 0830-1200 & 1230-1530

(PRE-REGISTRATION APPOINTMENT ONLY)

Our website also has information and useful, downloadable DOCUMENTS: landstuhl.tricare.mil/Health-Services/Womens-Health-Pregnancy/Birth-Registration

#### **CONTACT NUMBERS:**

COMMERCIAL: 0637194647053

DSN: 314-590-7053

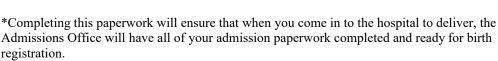






## **Birth Pre-Registration Process**

**Step 1:** Come in at your scheduled appointment time for birth pre-registration.



Step 2: Fill out Form AE 40-400B Report of Child Born Abroad of American Parent (Section II). Please have this section filled out prior to appointment.

This is the hospital notification of the newborn's birth. This form is required as part of the Passport, Consular Report of Birth and German Birth Certificate process.

Step 3: Please bring the required documents below to your Pre-Birth Registration appointment.



### **Required Documents:**

- •Both Parents Passports
- •Birth Certificate (Original or Certified copy)
- •Both Parents Birth Certificate (Original or Certified copy )
- •Marriage Certificate (Original or Certified copy)
- •Military ID Card (Mom's ID is required)



- •Living will/Advance Directive (if one is currently executed).
- \*\*Ensure all these documents are in English. If not, they need to be translated.\*\*

**Step 4:** Birth Registration will visit mother/baby ward daily during normal business hours. If we miss you, please stop by Birth Registration for Post Registration information.

\*\*Please remember U.S. citizenship in overseas locations is not automatic. Please check with your Local American Consulate for more citizenship questions and requirements.



































# PRE-REGISTRATION CHECKLIST

Dear Parents,

We understand that having a baby can be stressful. That is why Birth Registration is here to help inform and guide you through your Pre-registration and Post-registration process for your newborn. The importance of this checklist is to make sure all necessary documents for Pre-registration are accounted for. Without going into too much detail because we don't want to overwhelm you, all these documents we are asking you to bring to the Pre-Registration Appointment is to ensure parents have all the proper documents for Post-Registration. Missing one of these documents will put a pause on getting your newborn's documents. You must register your child with the German's registrar's office to obtain a German Birth Certificate (yes even though your baby was born on the military base you still must register your child). This German Birth Certificate will allow you to enroll your child into DEERS and apply for Consular Report of Birth Abroad (CRBA), AKA the "US Birth Certificate" and apply for your newborn's passport. By giving you this information early on in your pregnancy, it ensures that the parents have plenty of time to request these documents and make appointments. We are trying to prevent unnecessary events from happening after your baby gets here. Thank you for your time, and CONGRATULATIONS!

Very Respectfully,
Birth Registration

## **DO YOU HAVE?**

Ш	BOTH PARENTS'	PASSPORTS
	BOTH DARENTS	ORIGINIAI /CERTIFIE

■ BOTH PARENTS' ORIGINAL/CERTIFIED BIRTH CERTIFICATE

■ MARRIAGE CERTFICATE ORIGINAL/CERTIFIED

IF YOU ARE MISSING ANY OF THESE DOCUMENTS, PLEASE APPLY FOR THEM.

PLEASE VISIT: <u>WWW.USA.GOV</u> TO REPLACE BIRTH/MARRIAGE CERTIFICATE

#### CONTACT THE CLOSEST PASSPORT OFFICE TO YOU:

**KLEBER**: +4916111435411040 **RAMSTEIN**: +49 06371472240

**BAUMHOLDER**: +4906111435411019 **LANDSTUHL**: +49 0637194647053

REPORT	OF CHILD BORN ABROAD (AE Reg 40-4		PARENT(S)				
	Section I - Newborn (	Child's Data					
Name (first, middle, last)	Sex						
		Ma	ale	Female			
Date of birth (month, day, year)	Time of birth	Wei	ght (in grams)				
Place of birth (name of hospital/	clinic, city, and country)						
Section II - Parents' Data							
Item	Father		Mothe	r			
Full name (also give mother's maiden name)							
Date and place of birth							
Nationality							
Religion (if given)							
U.S. passport number, date, and place of issue							
Rank, grade, or status							
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 atten birth of the child is correct to the be	ding physician at the birth of the child		hat all data give	en concerning the			
Typed name and signature of	Rank	Medical Corps					
This report was completed at	On (month/day/year)						
Typed name and signature of	Rank	Medical Corps					