



Landstuhl Regional Medical Center
Birth Registration

Located in the Hospital Bldg. 3766
Patient Administration Division (PAD)

**usarmy.landstuhl.medcom-rhc-e.mbx.lrmc-birth-
registration@mail.mil**

Hours of Operation:
MONDAY-FRIDAY 0830-1200 & 1300-1530

**Our website also has information and useful, downloadable
documents:**

**landstuhl.tricare.mil/Health-Services/Women's-
Health-Pregnancy/Birth-Registration**



Birth Pre-Registration Process

Step 1: Come in during one of our Pre Registration times

*Completing this paperwork will ensure that when you come in to the hospital to deliver, the Admissions Office will have all of your admission paperwork completed and ready for birth registration.

Step 2: Fill out Form AE 40-400B Report of Child Born Abroad of American Parent (Section II).

This is the hospital notification of the newborn's birth. This is the form that will be used to register your child in DEERS, and is required as part of the Passport, Consular Report of Birth and German Birth Certificate process.

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

Required Documents:

- Passports (for both parents-Tourist preferred)
- Marriage Certificate (Original or Certified copy)
- Birth Certificate (if you don't have a passport-original or certified copy)
- Military ID Card (Mom's ID is required)
- AE 40-400B-(Please have Section II filled out prior to avoid wait times. Please review example on back of AE 40-400B form)**
- Living Will/Advance Directive (if one is currently executed)

Step 4: Birth Registration will visit Mother/Baby ward daily during normal business hours. If you miss us, please stop by Birth Registration for Ae40-400B and Post Registration information.

*****ENROLLING BABY IN DEERS IS AVAILABLE AT LRMC PAD*****

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

At: www.state.gov

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

Section I - Newborn Child's Data

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

Section II - Parents' Data

Item	Father	Mother
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 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.

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

REPORT OF CHILD BORN ABROAD OF AMERICAN PARENT(S) (AE Reg 40-400)			
Section I - Newborn Child's Data			
Name (first, middle, last)		Sex <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	
Date of birth (month, day, year)	Time of birth	Weight (in grams)	
Place of birth (name of hospital/clinic, city, and country) LANDSTUHL REGIONAL MEDICAL CENTER LANDSTUHL, RHEINLAND-PFALZ, GERMANY			
Section II - Parents' Data			
Item	Father	Mother	
Full name <small>(also give mother's maiden name)</small>	FULL NAME AS LISTED ON PASSPORT OR BIRTH CERTIFICATE	FULL NAME AS LISTED ON PASSPORT OR BIRTH CERT. And (MAIDEN/ BIRTH NAME)	
Date and place of birth	MONTH/DD/YEAR (JANUARY, 01, 2019) BIRTH CITY AND STATE	MONTH/DD/YEAR (JANUARY, 01, 2019) BIRTH CITY AND STATE	
Nationality	COUNTRY OF CITIZENSHIP	COUNTRY OF CITIZENSHIP	
Religion (if given)	IF LEFT BLANK- NO PREFERENCE	IF LEFT BLANK- NO PREFERENCE	
U.S. passport number, date, and place of issue	PASSPORT NUMBER DATE OF ISSUE: MONTH, DD, YEAR (JANUARY, 01, 2019)	PASSPORT NUMBER DATE OF ISSUE: MONTH, DD, YEAR (JANUARY, 01, 2019)	
Rank, grade, or status	RANK, GRADE, SERVICE, AD OR RES.or Civ	RANK, GRADE, SERVICE, AD OR RES.or Civ	
Present unit and local residence addresses (full mailing addresses) UNIT SQUADRON, LOCATION (POST OR BASE, eg. Ramstein AB or Baumholder AG) FULL APO ADDRESS: FULL PHYSICAL ADDRESS WITH ZIPCODE HOME OF RECORD: CITY AND STATE			
Date and place of marriage MONTH/DD/YYYY (JANUARY, 01, 2019); CITY AND STATE			
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.			
Typed name and signature of attending physician		Rank	Medical Corps MC
This report was completed at (name of hospital/clinic) LANDSTUHL REGIONAL MEDICAL CENTER		On (month/day/year)	
Typed name and signature of registrar		Rank	Medical Corps MS