

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

## usarmy.landstuhl.medcom-rhc-e.mbx.lrmc-birthregistration@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/Womens-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,

Step 3: Please bring the below required documents to your Pre-Birth Registra-

- •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)





•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







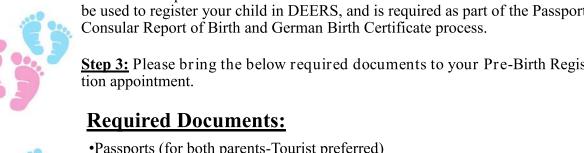












REPORT	OF CHILD BORN ABROAD (AE Reg 40-4		PARENT(S)				
	Section I - Newborn (	Child's Data					
Name (first, middle, last)		Sex					
		Ma	ale	Female			
Date of birth (month, day, year)	Time of birth	Wei	ght (in grams)				
Place of birth (name of hospital/	clinic, city, and country)						
Section II - 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							
	nce addresses (full mailing add	resses)					
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					

REPORT OF CHILD BORN ABROAD OF AMERICAN PARENT(S) (AE Reg 40-400)									
Section I - Newborn Child's Data									
Name (first, middle, last)									
					Male	Female			
Date of birth (month, day, year)		Time of birth			Weight (in grams	5)			
Place of birth (name of hospital/clinic, city, and country) LANDSTUHL REGIONAL MEDICAL CENTER LANDSTUHL, RHEINLAND-PFALZ, GERMANY									
		Section II - Parents'	Data						
ltem		Father		Mother					
Full name (also give mother's maiden name)				100 8/6/3 - 30 - 5	LL NAME AS LISTED ON PASSPORT OR RTH CERT. And (MAIDEN/ BIRTH NAME)				
Date and place of birth	STATE OF THE PROPERTY OF THE P			MONTH/DD/YEAR (JANUARY, 01, 2019) BIRTH CITY AND STATE					
Nationality	COUNTRY OF CITIZENSHIP			COUNTRY OF CITIZENSHIP					
Religion (if given)	IF LEFT BLA	IF LEFT BLANK- NO PREFERENCE			IF LEFT BLANK- NO PREFERENCE				
U.S. passport number, date, and place of issue	DATE OF ISSUE: MONTH, DD, YEAR D			DATE	PASSPORT NUMBER DATE OF ISSUE: MONTH,DD,YEAR (JANUARY, 01, 2019)				
						CE, AD OR RES.or Clv			
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 physican				Rank	Medical Corps				
						MC			
This report was completed at (name of hospital/clinic)					On (month	On (month/day/year)			
LANDSTUHL REGIONAL MEDICAL CENTER									
Typed name and signature of registrar					Rank	Medical Corps			
						MS			