

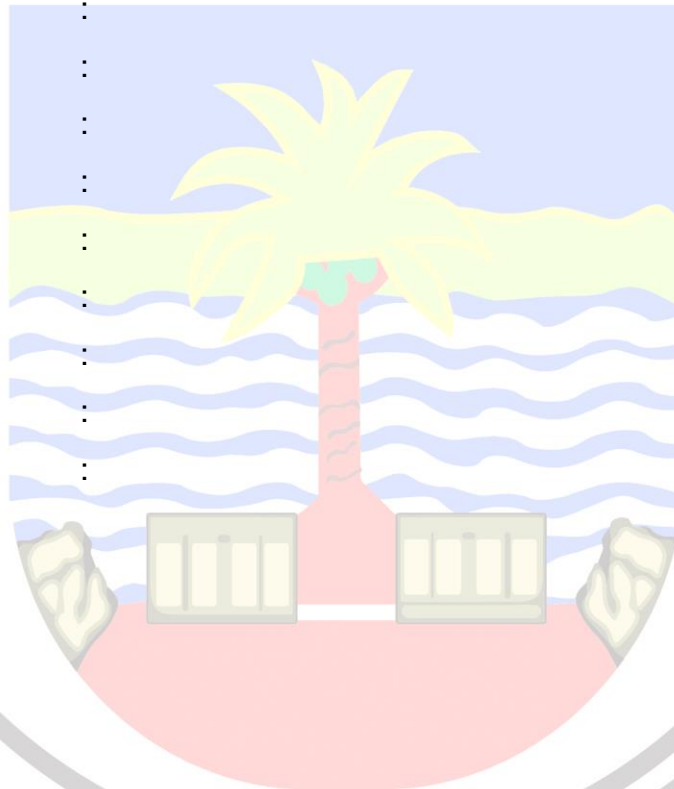


Republic of the Philippines  
OFFICE OF THE CITY CIVIL REGISTRAR  
City of San Pablo

TO WHOM IT MAY CONCERN:

WE CERTIFY THAT, among others, the following facts of death appear in our Register of  
Death on Page                      of Book Number

**LCR Registry Number** :  
**Date of Registration** :  
**Name of the Deceased** :  
**Sex** :  
**Age** :  
**Civil Status** :  
**Nationality** :  
**Date of Death** :  
**Place of Death** :  
**Cause of Death** :



Doc. Stamps  
Affixed on  
Original

**City Civil Registrar**

PROCESSED AND VERIFIED BY:

FOR THE CITY CIVIL REGISTRAR

Amount Paid :  
O.R. Number :  
Date Paid :