

CERTIFICATE OF LIVE BIRTH

Province _____		Registry No. _____		
City/Municipality _____				
CHILD	1. NAME (First) _____ (Middle) _____ (Last) _____			
	2. SEX (Male / Female) _____	3. DATE OF BIRTH (Day) _____ (Month) _____ (Year) _____		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) _____ (City/Municipality) _____ (Province) _____			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) _____	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) _____	5c. BIRTH ORDER (Order of this birth in previous live births including fetal death) (First, Second, Third, etc.) _____	6. WEIGHT AT BIRTH _____ grams
MOTHER	7. MAIDEN NAME (First) _____ (Middle) _____ (Last) _____			
	8. CITIZENSHIP _____		9. RELIGION/RELIGIOUS SECT _____	
	10a. Total number of children born alive _____	10b. No. of children still living including this birth _____	10c. No. of children born alive but are now dead _____	11. OCCUPATION _____
	12. AGE at the time of this birth (completed years) _____			
13. RESIDENCE (House No., St., Barangay) _____ (City/Municipality) _____ (Province) _____ (Country) _____				
FATHER	14. NAME (First) _____ (Middle) _____ (Last) _____			
	15. CITIZENSHIP _____	16. RELIGION/RELIGIOUS SECT _____	17. OCCUPATION _____	
	18. AGE at the time of this birth (completed years) _____			
	19. RESIDENCE (House No., St., Barangay) _____ (City/Municipality) _____ (Province) _____ (Country) _____			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) _____ (Day) _____ (Year) _____		20b. PLACE (City / Municipality) _____ (Province) _____ (Country) _____		
21a. ATTENDANT _____ _____ 1 Physician _____ 2 Nurse _____ 3 Midwife _____ 4 Hilot (Traditional Birth Attendant) _____ 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above. Signature _____ Address _____ Name in Print _____ Title or Position _____ Date _____				
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print _____ Relationship to the Child _____ Address _____ Date _____		23. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		
24. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) _____ _____ _____				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 8 _____ 9 _____ 11 _____ 13 _____ 15 _____ 16 _____ 17 _____ 19 _____				