

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate ANSWER IN ITEMS 2, 5A, 5B AND 19A.)</small>					
Province _____ City/Municipality _____			Registry No. _____		
C H I L D	1. NAME (First) (Middle) (Last)			FOR OCRG USE ONLY: Population reference No. <div></div>	
	2. SEX _____ 1 Male _____ 2 Female		3. DATE OF BIRTH (day) (month) (year)		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay)			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <div></div> 48 <div></div> 49 50 <div></div> <div></div> <div></div> <div></div> <div></div> 56 <div></div> <div></div> <div></div> <div></div> <div></div> 61 <div></div> 62 64 <div></div> <div></div> <div></div> <div></div> <div></div> 68 69 <div></div> <div></div> 70 72 74 <div></div> <div></div> <div></div> <div></div> <div></div> 76 79 <div></div> <div></div> <div></div> <div></div> <div></div> 81 <div></div> <div></div> <div></div> <div></div> <div></div> 86 87 <div></div> <div></div> 88 91 <div></div> <div></div> <div></div> <div></div> <div></div> 93 <div></div> 94 <div></div>	
	5a. TYPE OF BIRTH _____ 1 Single _____ 2 Twin _____ 3 Triplet. Etc.		b. IF MULTIPLE BIRTH, CHILD WAS _____ 1 First _____ 2 Second _____ 3 Others, Specify _____		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) _____ (first, second, third, etc.)		d. WEIGHT AT BIRTH _____ grams		
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last)				
	7. CITIZENSHIP		8. RELIGION		
	9a. Total number of children born alive: _____	b. No. of Children still living including this birth: _____	c. No. of children born alive but are now dead: _____		
	10. OCCUPATION		11. Age at the time of this birth: _____ years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)				
F A T H E R	13. NAME (First) (Middle) (Last)				
	14. CITIZENSHIP		15. RELIGION		
	16. OCCUPATION		17. Age at the time of this birth: _____ years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
19a. ATTENDANT _____ 1 Physician _____ 2 Nurse _____ 3 Midwife _____ 4 Hilot (traditional Midwife) _____ 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above. Signature _____ Address _____ Name in Print _____ Title or Position _____ Date _____					
20. INFORMANT Signature _____ Address _____ Name in Print _____ Relationship to the child _____ Date _____					
21. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____			

For this before 3 August 1988/on or after 3 August 1998

AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PATERNITY

Well, _____ and _____
parents/parent of the child mentioned in this Certificate of live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

_____ (Signature of Father)	_____ (Signature of Mother)
Community Tax No. _____	Community Tax No. _____
Date Issued _____	Date Issued _____
Place Issued _____	Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____
at _____, Philippines.

_____ (Signature of Administering Officer)	_____ (Title/Designation)
_____ (Name in Print)	_____ (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH
(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married
and with residence and postal address at _____,
after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my birth/of the birth of _____.
- That I/he/she was born on _____ at _____.
- That I/he/she was attended at birth by _____ who resides at _____.
- That I/he/she is citizen of _____.
- That my/his/her parents were ☐ married on _____ at _____
☐ not married but was acknowledge by my/his/her father whose name is _____.
- That the reason for the delay in registering my/his/her birth was due to _____.
- That a copy of my/his/her birth certificate is needed for the purpose of _____.
- ☐ (For the applicant only) That I am married to _____.
- ☐ (For the father/mother/guardian) That I am the _____ of the said person.

_____ (Signature of Affiant)
Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____
at _____, Philippines.

_____ (Signature of Administering Officer)	_____ (Title/Designation)
_____ (Name in Print)	_____ (Address)