	- 100	CERTIFICAT	LU	F D						
Province		Registry No.								
City/Municipality										
I. NAME (First)		(Middle)	(Last	)	"		2. SEX	(Male/Fen	nale)	
3. DATE OF DEATH (Day, Month,	Year) 4. DA	ATE OF BIRTH (Day) (Month	) (Year)	5. AGE	AT THE TIMI	E OF D	EATH (Fill	l-in below a	ccdg, to age	e catego
				[2] Co	mpleted years		[1] Months	[0] Days		Min/Se
6. PLACE OF DEATH (Name of	f Hospital/Cl	inic/Institution/House No., St., Ba	arangay, Cit	y/Municipa	ality, Province	7.		ATUS (Si r/Annulled/I		d/Widow
8. RELIGION/RELIGIOUS SECT	9. CI	TIZENSHIP	10. RESI	DENCE	(House No.,	St., Ba	rangay, City	y/Municipali	ity, Province	e, Count
11. OCCUPATION	OF FATHER (First, Middle, Last	); [		13. MAIDEN N	JAME	E MOTHE	R (First M	Aiddle Last	Λ.	
	12.744112	STATION ( IIS, IIIGOO, EGS)	Ki		10. IV 402.141	U UVIL C	/ WOTTLE	are (rinst, iv	nidole, Last	V.
	(For	MEDICAL C ages 0 to 7 days, accom			a at the b	ack)				
19b. CAUSES OF DEATH (If the		Party - Transport of the Property of History Association (1999)						en Onset	and Dea	th
Antecedent cause :	b	V								
	c									
II. Other significant condition		ting to death:								
19c. MATERNAL CONDITION (I	If the decea	sed is female aged 15-49 year	ars old)							
a. pregnant, not in labour	b. preg	nant, in c. less that	an 42 days	after _	d. 42	days t	o 1 year	after		
9d. DEATH BY EXTERNAL CAU		ur delivery			dei	ivery			20. AUT	
a. Manner of death (Homici	ide, Suicide	e, Accident, Legal interventi	on, etc.)_						(Ye	s / No)
b. Place of Occurrence of E	External Ca	use (e.g. home, farm, factor	v. street. s	sea, etc.)						
21a. ATTENDANT						21b.	If attende	ed, state d	luration (m	nm/dd/y
2 Publ 1 Private Heal										
		3 Hospital		Others	4	F1.			Τ.	
Physician Office				Others (Specify	/)	Fro	m		То	
Physician Offic  22. CERTIFICATION OF DEATH	cer —	- Authority —— 4 None		(Specify		0.1672				
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	FOR CHILDREN	AGED 0 TO 7 DAYS					
14. AGE OF MOTHER							
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)	A Library	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc)					
The second second	MEDICAL	CERTIFICATE					
19a. CAUSES OF DEATH	1						
a. Main disease/condition	n of infant						
b. Other diseases/conditi	ons of infant						
d. Other maternal disease	e/condition affecting infant						
e. Other relevant circums	W Side						
	CONTINUE	TO FILL UP ITEM 20					
I HEREBY CERTI		ERTIFICATE OF DEATH osy upon the body of the deceased and that the cause of death was					
Si							
D 1		Address					
Date							
	CERTIFICATION IFY that I have embalmeded by the Department of Health.	ION OF EMBALMER following					
Signature		Title/Designation					
		Issued on at					
		Expiry Date					
with residence and postal	address	, of legal age, single/married/divorced/widow/widower, n in accordance with law, do hereby depose and say:					
1. That		died on in					
		and was buried/cremated in					
-		on					
ALTER AND AND ADDRESS OF THE PARTY OF THE PA	sed at the time of his/her death: was attended by						
	was not attended.						
<ol><li>That the caus</li></ol>	e of death of the deceased was	Lines was equivalent to the contract of the co					
4. That the reason	for the delay in registering this dea	th was due to					
5. That I am execu	uting this affidavit to attest to the trut	thfulness of the foregoing statements for all legal intents and purposes					
In truth whereof, I		his,,					
at	, Ph	ilippines.					
		(Signature Over Printed Name of Affiant)					
SUBSCRIBED A		day of,at,at,at,at,at,					
issu	ed on,						
Signature	of the Administering Officer	Position / Title / Designation					
	Name in Print	Address					