



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X below the appropriate answer in items 2, 5a, 5b, and 11a.)

Province _____		Registry No. _____		REMARKS/ANNOTATION
City/Municipality _____				
1. NAME (First) _____ (Middle) _____ (Last) _____		2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		For OCRG USE ONLY: Population Reference No. _____
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
5a. TYPE OF BIRTH <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) _____		d. WEIGHT AT BIRTH _____ grams		
6. MAIDEN NAME (First) _____ (Middle) _____ (Last) _____		7. CITIZENSHIP _____		
8. RELIGION _____		9a. Total number of children born alive: _____		41
b. No. of children still living including this birth: _____		c. No. of children born alive but are now dead: _____		42
10. OCCUPATION _____		11. Age at the time of this birth: _____ years		43
12. RESIDENCE (House No., Street, Barangay) _____ (City/Municipality) _____ (Province) _____		13. NAME (First) _____ (Middle) _____ (Last) _____		44
14. CITIZENSHIP _____		15. RELIGION _____		45
16. OCCUPATION _____		17. Age at the time of this birth: _____ years		46
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				47
19a. ATTENDANT <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Midwife <input type="checkbox"/> Others (Specify) _____				48
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.				49
Signature _____		Address _____		50
Name in Print _____		Date _____		51
Title or Position _____		Date _____		52
20. INFORMANT				53
Signature _____		Address _____		54
Name in Print _____		Date _____		55
Relationship to the child _____		Date _____		56
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		57
Signature _____		Signature _____		58
Name in Print _____		Name in Print _____		59
Title or Position _____		Title or Position _____		60
Date _____		Date _____		61

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*Carmelita N. ERICTA*  
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Administrator and Civil Registrar General  
National Statistics Office