**R.A. 9048/R.A. 10172 Form No. 1.1 (LCRO)**



(Modified 7 January 2013)

Republic of the Philippines

**Local Civil Registry Office**

Province of Pangasinan

**MUNICIPALITY OF BAYAMBANG**

Republic of the Philippines )

**CCE-0004-2024 R.A. 10172**

Bayambang, Pangasinan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) SS Petition No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PETITION FOR CORRECTION OF CLERICAL ERROR**

**IN THE CERTIFICATE OF LIVE BIRTH**

Filipino

ASDASDASD

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, after having been duly sworn to in accordance with law, hereby declare that:

*(complete address)*

*(complete name of petitioner)*

*(nationality/citizenship)*

1. I am the petitioner seeking correction of the clerical error in:

a) my Certificate of Live Birth

N/A

b) the Certificate of Live Birth of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N/A

*(complete name of owner)*

who is my\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(relation of owner to the petitioner)*

1. I/He/She was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(country )*

*(province )*

*(date of birth)*

*(city/municipality)*

1. The birth was recorded under registry number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. The clerical error(s) to be corrected is (are): *(Use additional sheets, if necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Description** | **From** | **To** |
|  | asd | ASD | ASD |
|  | asd | ASD | ASD |
|  | asd | ASD | ASD |

5) The facts/reasons for filing this petition are the following. *(Use additional sheets if necessary)*

**For error No. 1:** asdASDASD

**For error No. 2:** adsadsADSADS

**For error No. 3:** adsasdadsASDASD

6) I submit the following documents to support this petition: *(Use additional sheets if necessary.)*

7) I have/He/She not filed any similar petition and that, to the best of my knowledge, no other similar petition is pending with any LCRO, Court or Philippine Consulate.

8) I am filing this petition at the LCRO of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in accordance with R.A. No. 9048 / R.A. 10172 and its implementing rules and regulations.

undefined

*(province )*

*(city/municipality)*

ASDASDASD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of petitioner

**VERIFICATION**

ASDASDASD

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the petitioner, hereby certify that the allegations herein are true and correct to the best of my knowledge and belief.

ASDASDASD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name of petitioner*

August 2024

29th

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the city/municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, petitioner exhibiting his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2024-08-29

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administering Officer

Doc. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Series of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For C/MCR use only**

**ACTION TAKEN BY THE C/MCR ON ERROR NO. 1**

**(*Provide the basis for action taken)***

**Granted Denied (*Provide the basis for denial)***

asdasdads

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN BY THE C/MCR ON ERROR NO. 2**

**(*Provide the basis for action taken)***

**Granted Denied (*Provide the basis for denial)***

adsads

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN BY THE C/MCR ON ERROR NO. 3**

**(*Provide the basis for action taken)***

**Granted Denied (*Provide the basis for denial)***

asdadsads

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2024-09-16

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Municipal Civil Registrar*

Payment of filing fee (Please attached copy of the official receipt.)

2024-08-29

O.R. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_