Municipal Form No. 102 (To be accomplished in quadruplicate)

(Revised January 1993)

# REMARKS/ANNOTATION

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 before the appropriate ANSWER IN ITEMS 2, 5A, 5B AND 19A.)**

Province Registry No. City/Municipality

1. NAME (First) (Middle) (Last)
2. SEX 3. DATE OF BIRTH (day) (month) (year)

1 Male 2 Female

1. 4. PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)

**H** BIRTH House No., Street, Barangay)

# I

**L**

1. 5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS

**FOR OCRG USE ONLY**:

**Population reference No.**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

1 Single 2 Twin

3 Triplet. Etc.

1 First 2 Second

3 Others, Specify

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

48

* 1. BIRTH ORDER (live births and fetal deaths

including this delivery)

(first, second, third, etc.)

## WEIGHT AT BIRTH

grams

* + 1. MAIDEN (First) (Middle) (Last) NAME
    2. CITIZENSHIP 8. RELIGION

# M O

49 50

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

56

**T** 9a. Total number of b. No. of Children still

**H** children born living including

c. No. of children

born alive but

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

alive:

# E

## **R** 10. OCCUPATION

this birth:

are now dead:

61

1. Age at the time of this birth:

years

1. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
2. NAME (First) (Middle) (Last)

# F

**A** 14. CITIZENSHIP 15. RELIGION

# T

**H E**

**R** 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

62 64

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

68 69

70 72 74

76 79

|  |  |  |
| --- | --- | --- |
|  |  |  |

81

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

86 87

Name in Print

Title or Position Date

## INFORMANT

Signature Address Name in Print

88 91

|  |  |  |
| --- | --- | --- |
|  |  |  |

93

Relationship to the child Date

## PREPARED BY

Signature

## RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

94

Signature

Name in Print Name in Print

Title or Position Date

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:

1. That I am the applicant for the delayed registration of my birth/of the birth of

.

1. That I/he/she was born on at .
2. That I/he/she was attended at birth by who resides at

.

1. That I/he/she is citizen of .
2. That my/his/her parents were married on at

. not married but was acknowledge by my/his/her father whose

name is .

1. That the reason for the delay in registering my/his/her birth was due to

.

1. That a copy of my/his/her birth certificate is needed for the purpose of

.

1. (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)