

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY(Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY: (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc)

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

a. Main disease/condition of infant

b. Other diseases/conditions of infant

c. Main maternal disease/condition affecting infant

d. Other maternal disease/condition affecting infant

e. Other relevant circumstances

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was

Signature Title/Designation

Name in Print Address

Date

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed Ibl13 following all the regulations prescribed by the Department of Health.

Signature Title/Designation

Name in Print License No.

Address Issued on at

Expiry Date

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, of legal age, single/married/divorced/widow/widower, with residence and postal address, after being duly sworn in accordance with law, do hereby depose and say:

1. That SAMPLE FOR DEATH died on 18 June, 2002 in Crossing Simuay Sultan Kudarat Maguindanao and was buried/cremated in on June 18, 2022.

2. That the deceased at the time of his/her death:

☒ was attended by ;

☐ was not attended.

3. That the cause of death of the deceased was

4. That the reason for the delay in registering this death was due to

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this 18th day of June, 2022 at Sultan Kudarat Maguindanao, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this 18th day of June, 2022 at Sultan Kudarat Maguindanao, Philippines, affiant who exhibited to me his Community Tax Cert. issued on at

FFFFF

Signature of the Administering Officer Position / Title / Designation

DDDDF MAGUINDANAO SULTAN KUDARAT

Name in Print Address