



Municipal Form No. 102  
(Revised August 2016)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

Province Pangasinan Registry No. 2023-1647

City/Municipality Urdaneta City

<b>C H I L D</b>	1. NAME (First) (Middle) (Last)	
	<b>MAXWELL BRAYDEN LAPEÑA URIENZA</b>	
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)
	<b>MALE</b>	<b>09 April 2023</b>
<b>M O T H E R</b>	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (House No., St., Barangay) (City/Municipality) (Province)	
	<b>New Era Birthing Home San Jose, Urdaneta City, Pangasinan</b>	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
	<b>Single</b>	<b>N/A</b>
<b>F A T H E R</b>	7. MAIDEN NAME (First) (Middle) (Last)	
	<b>MARIEL ORINES LAPEÑA</b>	
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT
	<b>Filipino</b>	<b>Roman Catholic</b>
10a. Total number of children born alive		10b. No. of children still living, excluding this birth
<b>1</b>		<b>1</b>
11. OCCUPATION		12. AGE at the time of this birth (Completed years)
<b>Housewife</b>		<b>23</b>
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		
<b>Brgy. Pinaludpod, Urdaneta City, Pangasinan, Philippines</b>		
<b>F A T H E R</b>	14. NAME (First) (Middle) (Last)	
	<b>BONG CRESENCIA URIENZA</b>	
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT
	<b>Filipino</b>	<b>Roman Catholic</b>
17. OCCUPATION		18. AGE at the time of this birth (Completed years)
<b>PNP</b>		<b>24</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		
<b>Brgy. Pinaludpod, Urdaneta City, Pangasinan, Philippines</b>		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) **January 29, 2023** 20b. PLACE (City / Municipality) (Province) (Country) **Urdaneta City, Pangasinan, Philippines**

21a. ATTENDANT

\_\_\_\_ 1. Physician \_\_\_\_ 2. Nurse ☒ 3. Midwife \_\_\_\_ 4. Healer (Traditional Birth Attendant) \_\_\_\_ 5. Others (Specify):

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)

I hereby certify that I attended the birth of the child who was born alive at **06:30pm** am/pm on the date of birth specified above.

Signature *Mimi M. Cayme* Address San Jose, Urdaneta City, Pangasinan

Name in Print **MIMI M. CAYME**

Title or Position Reg. Midwife Date April 09, 2023

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature *Bong C. Uienza*

Name in Print **BONG C. URIENZA**

Relationship to the Child Father

Address Brgy. Pinaludpod, Urdaneta City, Pangasinan

Date April 09, 2023

23. PREPARED BY

Signature *Cristine Ashley M. Mercado*

Name in Print **CRISTINE ASHLEY M. MERCADO**

Title or Position Clinic Aide

Date April 09, 2023

24. RECEIVED BY

Signature *Arlene E. Ablang*

Name in Print **ARLENE E. ABLANG**

Title or Position Asst. City Civil Registrar

Date APR 11 2023

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *Arlene E. Ablang*

Name in Print **ARLENE E. ABLANG**

Title or Position Asst. City Civil Registrar

Date APR 11 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	12	15	16	17	19

08711-04-120JGB-00042-BI002

BEST POSSIBLE IMAGE



T001087111200004211072023002

CR100604929



*CSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

