

		OFFICE OF THE CIVIL CERTIFICAT		GENERAL DEATH	mplished in quadrup <mark>l</mark> ic	
Province				Registr	^y 2021	anac
City/Municipality	Zamba		ANTHUM		2021	6326
	(First)	(Middle)	(Last)		2. SEX (Male/Fer	<u> </u>
WILLIAN	м	BUNGA	SAPAR		MALE	MAN
3. DATE OF DEATH (Day, N	Month, Year) 4.	DATE OF BIRTH (Day) (Month)	(Year) 5. AGE	AT THE TIME	OF DEATH (Fill-In bellow	c. IF UNDER 24 H
18 October, 2021		20 February, 1957	[2] Co	mpleted years	[1] Months [0] Days	Hours Min
		c/Institution/House No., St., Barangay, C			7. CIVIL STATUS (Widower/Annutled/Dis	
At Your Chi	LABTAN G				BESASAAAAAAA	LABAMAAAN
At Hene; CAI 8. RELIGION/RELIGIOUS.	OCUI O	DUIZENSHIP	10. RESIDENC	E (House No., St.,	Barangay, City/Municipality	, Province, Country
R. Catholic		Filipino		GALAR	IAN G Zamboa	inga City PH
11. OCCUPATION	12. NA	ME OF FATHER (First, Middle, Last	r) ///////	13. MAIDEN N	AME OF MOTHER (Firs	st, Middle, Last)
CONSTRUCTION		TEOFISTO SAI	PAR	ANANANA	RITA BUNGA	VWV V VVV
	11884		ERTIFICATE		A A A A A A A A A A A A A A A A A A A	
ION CAUGES OF DEAT		r ages 0 to 7 days, accom	pilan Items 14		ack) Iterval Between Onset	and Death
I. Immediate cause		ased is aged 8 days and over) ACUTE MYOCARDIAC II	NIC A DZ TIZAN	WWWW		(4)
Antecedent cause	: b	ACUTE MYOCARDIAC II	WINTERCTION	ЩЩЩ	ШЫНШ	
Underlying cause	: c		\WW/	WWW	MMMM	W//W
II. Other significant co				WAYAAAAA		YY JAYYY
BUBBET ANDBEST	15E34-3000 (E35-5645)	eceased is female aged 15-49 ye	ears old)		days to 1 year after _	e None of
a. pregnant,		pregnant, inc. less the aboutc.	nan 42 days atter iry	d. 42	livery AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	choices
19d. DEATH BY EXTERN		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AXXXXXXXX	XXXXXXX XX	^ / / / / / / / / / / / / / / / / / / /	20. AUTO
		Accident, Legal intervention, etc.)		<u> </u>		(Yes/No)
b. Place of Occurrence	e of External Co	guse (e.g. home, farm, factory, street	et, sea, etc.)		21b. If attended, state of	- NO
21a. ATTENDANT 1 Private —— Physician ——	2 Public Health Officer —	3 Hospital4 Non-	5 Othe Spe		From	то
22. CERTIFICATION OF	DEATH					
A CONTRACTOR OF THE PARTY OF TH					,, <u>, ,, </u>	have alle
y have not attended	the the forego	ing particulars are correct as nea and that death occurred at	r as same can be	ascertained and	I further certify that I	have attend
x have not attended	the deceased	ing particulars are correct as nea and that death occurred at	em/pm on	the date of deat	d I further certify that I	have attend
X have not attended Signature	the dagegred	and that death occurred at	em/pm on	the date of deat	h specified above.	
Name in Print	DR. GER	and that death occurred at	em/pm on	the date of deat	I further certify that I h specified above.	
X have not attended Signature Name in Pfint Title of Position	DR. GER	end that death occurred at FER EMMANUEL O. DE VILLA Officer IV	em/pm on	the date of deat	R EMMANUEL O. D. Wer Printed Name of P	Fealth Officer
X have not strended Signature Name in Pfint Title of Position Address	DR. GER	FER EMMANUEL O. DE VILLA Officer IV Lith Office, Zambaonga City Date October 19: 202	am/pm on R	EVIEWED BY: DR. GERFE Signature	R EMMANUEL O. D. Ver Frinted Name of October 19, 2021	Tealth Officer
X have not attended Signature Name in Print Title of Position Address 23. CORPSE DISPOSAL	DR. GER Medical City Hea	FER EMMANUEL O. DE VILLA Officer IV Lith Office, Zambaonga City Date October 19, 202 24a. BURIAL/CREMATION PI	am/pm on R	EVIEWED BY: DR. GERFE Signature 24b. T	REMANUEL O DE Ver Affinia Name of October 19, 2021	Tealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23 CORPSE DISPOSAL (Burlei, Cremetion, if other	DR. GER Medical City Hea	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 302 24a. BURIAL/CREMATION PI	am/pm on R	EVIEWED BY: DR. GERFE Signature 24b. T	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremetion, if other) Burrial	DR. GER Medical City Hea	FER EMMANUEL O. DE VILLA Officer IV Date	am/pm on R	EVIEWED BY: DR. GERFE Signature 24b. T	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Print Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremetion, if other Burial 25. NAME AND ADDRESS	UR. GER Medical City Hea	FER EMMANUEL O. DE VILLA Officer IV Inth Office, Zambaonga City Date October 19 302 24a. BURIAL/CREMATION PI Number Data Issued V OR CREMATORY	em/pm on R	P. GERFE Signature	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN	DR. GER Medical City Hea e, specify)	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 248. BURIAL/CREMATION PI Number Date issued OF CREMATORY QUE CEMETERY	R R R R R R R R R R R R R R R R R R R	EVIEWED BY: DR. GERFE Signature 24b. T Number Date let	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN	DR. GER Medical City Hea OF CEMETER) SAN ROC WFORMANT that all informat	FER EMMANUEL O. DE VILLA Officer IV Inth Office, Zambaonga City Date October 19 302 24a. BURIAL/CREMATION PI Number Data Issued V OR CREMATORY	R R R R R R R R R R R R R R R R R R R	EVIEWED BY: DR. GERFE Signature 24b. T Number Date let	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other) Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF In Inhereby certify to my own knowledge a	DR. GER Medical City Hea OF CEMETER) S. specify) OF CEMETER's COMMON THAT all information belief.	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 248. BURIAL/CREMATION PI Number Date issued OF CREMATORY QUE CEMETERY	R R R R R R R R R R R R R R R R R R R	EVIEWED BY: DR. GERFE Signature 24b. T Number Date let	REMANUEL OF DEVELOPMENT OF THE PROPERTY OF THE	Fealth Officer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other) Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF In Inhereby centry to my own knowledge a	DR. GER Medicat City Hea OF CEMETER) FORMANT that all informat and belief.	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 24a, BURIAL/CREMATION PI Number Date Issued (OR CREMATORY QUE CEMETERY tion supplied are true and correct	R R R R R R R R R R R R R R R R R R R	Constitute of deat service of the se	REMARKIELS Diver Frinted Name of Cotologic 19, 2021 RANSFER PERMIT	Tealth Ornicer
X_ have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby certify to my own knowledge a Signature Name in Pfint	DR. GER Medicat City Hea OF CEMETER' VFORMANT that all Informat and belief.	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 24a, BURIAL/CREMATION PI Number Date Issued (OR CREMATORY QUE CEMETERY tion supplied are true and correct	RIMPH REPARE Signature Name in Print	EVIEWED BY: DR. CERFE Signature 24b. T Number Date Iss	REMARKIELS PLANTED North Frinted Name of Foundation 19, 2021 RANSFER PERMIT BURG A FAT L	Tealth Ornicer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby certify to my own knowledge a Signature Name in Print Relationship to the Decessor	DR. GER Medical City Hea OF CEMETER SAN-ROC NFORMANT that all informat and belief. JAY WILL ed SON	FER EMMANUEL O. DE VILLA Officer IV AITH Office, Zamibaoniga City Date October 19, 202 24a. BURIAL/CREMATION PI Number Deta Issued (OR CREMATORY QUE CEMETERY Itom supplied are true and correct	RMPH REPARE Signature Name in Print Title or Position	the date of deat EVIEWED BY: DR. CERFE Signature 24b. T Number Date Iso	REMARKIEL OF PRINTERS OF PRINTERS OF PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT	Tealth Onicer
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremetion, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF Ih Ihereby certify to my own knowledge a Signature Name in Pfint Relationship to the Decese Address Address Name in Pfint Relationship to the Decese Address Name in Pfint	DR. GER Medical City Hea OF CEMETER' SAN-ROC NFORMANT that all Informat and belief. JAY WILL ed SON SAN JOS	FER EMMANUEL O. DE VILLA Officer IV	RMPH REPARE Signature Name in Print Title or Position	the date of deat EVIEWED BY: DR. CERFE Signature 24b. T Number Date Iso	REMARKIELS PLANTED North Frinted Name of Foundation 19, 2021 RANSFER PERMIT BURG A FAT L	Tealth Onicer
Name in Print	DR. GER Medical City Hea OF CEMETER SAN-ROC NFORMANT that all informat and belief. JAY WILL ed SON	FER EMMANUEL O. DE VILLA Officer IV	RAMPH ERMIT Signature Name in Print Title or Position Date	DR GERFE Signature	REMARKIEL OF PRINTERS OF PRINTERS OF PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT RANSFER PERMIT	Tealth Onicer!
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremetion, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby certify to my own knowledge a Signature Name in Pfint Relationship to the Decessa Address Date 28. RECEIVED BY	DR. GER Medical City Hea OF CEMETER' SAN-ROC NFORMANT that all Informat and belief. JAY WILL ed SON SAN JOS	FER EMMANUEL O. DE VILLA Officer IV	RAMPH ERMIT Signature Name in Print Title or Position Date	DR GERFE Signature	REMARKIEL O. D. Ner Printed Name of Pottober 19, 2021 RANSFER PERMIT JUNE OF THE PERMIT ANITARY INSPECTOR Cooker 19, 2021	Tealth Onice?!
X have not attended Signature Name in Print Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burrial 25. NAME AND ADDRESS 26. CERTIFICATION OF In I hereby certify to my own knowledge a Signature Name in Print Relationship to the Decessar Address Date 28. RECEIVED BY Signature	DR. GER Medicat Gity Hea OF CEMETERY VFORMANT that all informat and bellef. JAY WILL ed. SON SAN JOS October	FER EMMANUEL O. DE VILLA Officer IV	RMPH Signature Name in Print Title or Position Date 29. REGISTER Signature	DR GERFE Signature C Signature	REMARKIEL O. D. Ner Printed Name of Pottober 19, 2021 RANSFER PERMIT JUNE OF THE PERMIT ANITARY INSPECTOR Cooker 19, 2021	D SISTRAR
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other) Barrial 25. NAME AND ADDRESS 26. CERTIFICATION OF In Inhereby certify to my own knowledge a Signature Name in Pfint Relationship to the Decesse Address Oate 28. RECEIVED BY Signature Name in Pfint EI	DR. GER Medicat Gity Hea OF CEMETERY VFORMANT that all informat and bellef. JAY WILL ed. SON SAN JOS October	FER EMMANUEL O. DE VILLA Officer IV	Signature Name in Print	CEDAT THE OFF	REMARKIEL O. D. Ver Printed Name of Potological 9, 2021 RANSFER PERMIT AUGUST MARCELING ANITARY INSPECTOR ACCORDED 19, 2021 ICC OF THE CRAIL-9EG	D SISTRAR
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other) Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF In I hereby certify to my own knowledge a Signature Name in Pfint Relationship to the Decesse Address Cate 28. RECEIVED BY Signature Name in Pfint E1 Title or Position	DR. GER Medical City Hea OF CEMETER SAN ROC WFORMANT that all Informat and bellef. JAY WILL ed SON SAN JOS October CR	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 24a. BURIAL/CREMATION PI Number Date Issued V OR CREMATORY QUE CEMETERY Ithon supplied are true and correct	RAMPH RAMIT Signature Name in Print Title or Position 29. REGISTEF Signature Name in Print Title or Position	CEPT CEPT CEPT CEPT CEPT CEPT CEPT CEPT	REMANUEL OF Diver Frinted Name of Cotologic 19, 2021 RANSFER PERMIT ADDITION MARCELING ANITARY INSPECTOR ICCO OF THE CIVIL BEG ICA F. DAGAMAN Stration Officer III	D SISTRAR
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby centify to my own knowledge a Signature Name in Pfint Relationship to the Decease Address Date 28. RECEIVED BY Signature Name in Pfint E1 Title of Position Date Date Date E1 Title of Position Date Date Date Date E1 Title of Position Date D	DR. GER Medical City Hea OF CEMETERS SAN ROCK NFORMANT That all Informat and belief. JAY WILL ed SON SAN JOS October CITY 2 U UC	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zamibaonga City Date October 19, 202 24a. BURIAL/CREMATION PI Number Dete issued (OR CREMATORY QUE CEMETERY Eton supplied are true and correct	Signature Name in Print	CEPT CEPT CEPT CEPT CEPT CEPT CEPT CEPT	REMANUEL OF DIVERSITY OF THE CHARLES	D SISTRAR
X have not attended Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby certify to my own knowledge a Signature Name in Pfint Relationship to the Decease Address Date 28. RECEIVED BY Signature Name in Pfint E1 Title of Position Date Date Date Control	DR. GER Medical City Hea OF CEMETERS SAN ROC NFORMANT That all Informat and belief. JAY WILL ed SON SAN JOS October CITY 2 U UC	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zambaonga City Date October 19, 202 24a. BURIAL/CREMATION PI Number Date Issued V OR CREMATORY QUE CEMETERY Ithon supplied are true and correct	RAMPH RAMIT Signature Name in Print Title or Position 29. REGISTEF Signature Name in Print Title or Position	CEPT CEPT CEPT CEPT CEPT CEPT CEPT CEPT	REMANUEL OF Diver Frinted Name of Cotologic 19, 2021 RANSFER PERMIT ADDITION MARCELING ANITARY INSPECTOR ICCO OF THE CIVIL BEG ICA F. DAGAMAN Stration Officer III	D SISTRAR
X have not etterided Signature Name in Pfint Title of Position Address 23. CORPSE DISPOSAL (Burial, Cremation, if other Burial 25. NAME AND ADDRESS 26. CERTIFICATION OF IN I hereby centify to my own knowledge a Signature Name in Print Relationably to the Decease Address Date 28. RECEIVED BY Signature Name in Print Title or Position Date REMARKS/ANNOTAT	DR. GER Medical City Hea OF CEMETERS SAN ROC NFORMANT That all Informat and belief. JAY WILL ed SON SAN JOS October CITIONS (For L	FER EMMANUEL O. DE VILLA Officer IV Ith Office, Zamibaonga City Date October 19, 202 24a. BURIAL/CREMATION PI Number Dete issued (OR CREMATORY QUE CEMETERY Eton supplied are true and correct	RAMPH RAMIT Signature Name in Print Title or Position 29. REGISTEF Signature Name in Print Title or Position	CEPT CEPT CEPT CEPT CEPT CEPT CEPT CEPT	REMANUEL OF Diver Frinted Name of Cotologic 19, 2021 RANSFER PERMIT ADDITION MARCELING ANITARY INSPECTOR ICCO OF THE CIVIL BEG ICA F. DAGAMAN Stration Officer III	D SISTRAR

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R CHILDREN AGED	8 8 8 8 8 8 8 8 8 8	<u> </u>			
AGE OF MOTHER	15. METHOD OF DELIVERY (Norma) spor vertex, if others, specify)		LENGTH OF PREGNANC (in completed weeks)	Y I		
			AAAAAAA SA AAA	ARTHUR ARTHUR		
77. TYPE OF BIRTH (Single, Twin, Triplet, etc.)) (;	multiple BIR rst, Second, Th	TH, CHILD WAS ird, etc.)		iaa naaaanaa	
	MEDICAL CERTI	FICATE			aad aaaaaa	
19a, CAUSES OF DEATH	MEDICAL CERTI	IOATE		<u> </u>		
a. Main disease/conditi	on of infant		NVVVVV E IVV			
b. Other diseases/cond	itions of infant				AA AAAAAAA	
	e/condition affecting infant					
e. Other relevant circum	se/condition affecting Infantnstances					
	CONTINUE TO FILL U	UP ITEM 20	, i i		Ш	
	POSTMORTEM CERTIFIC	ATE OF DE	ATH		Π	
I HEREBY CERT	IFY that I have performed an autopsy upon	the body of th	e deceased and that the	cause of death	Was	
ANNA PROPERTY AND AN ARTHUR		YYYYYYY	AYYYYYYY SY AYY	YYVYYYYX Y /\	<u>vy</u> Myyyyyy	
					(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Title/			XXXXXXXXXX		
Name in Print Date	Addr	ess				
TOTAL CONTROL OF THE STATE OF T		VAVAYAYAYAYA	MANANA A MA	VAVAVAT N	WANT OF THE PROPERTY OF THE PR	
I HEREBY CERT	CERTIFICATION OF I	EMBALMER S	xexa	follow	ring	
	ed by the Department of Health.	YVYYY	WYVANYS SI W	WWW.		
		XXXXXXX			(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Signature 7	Title/	Designation	LICENSED EMBALIPE	900000000	^^ /^^\\\\\\\	
	- licar	tee No			XXYXXXXXXXXX	
Address Print 10ELINO	M. OKINO	nse No ed on	10-00-2885			
Address PENETICS V	ENDRIAL HAME: Issue	ed on				
Address PETTING	EMORIAL HAME: Issue L SERVICES Expl	ry Date	11-200000HMANU 11-200000HMANU			
Address PETTING	ENDRIAL HAME: Issue	ry Date	11-200000HMANU 11-200000HMANU			
Address PETTING	EMORIAL HAME: Issue L SERVICES Expl	ny Date	10-00-2865 11-200000HMANU たっち OF DEATH		rer,	
AND FUNERA	AFFIDAVIT FOR DELAYED REGI	ed on	10-00-2865 11-200000HithANIL 1273 OF DEATH age, single/married/divo	orced/widow/widow	rer,	
AND FUNERA I,	AFFIDAVIT FOR DELAYED REGI	od on	10-00-2865 11-2000 DOHMANIL かであ OF DEATH age, single/married/divo	orced/widow/widow	_	
AND FUNERA	AFFIDAVIT FOR DELAYED REGI	od on	10-00-2865 11-200000HMANIL かであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
AND FUNERA I,	AFFIDAVIT FOR DELAYED REGI	od on	10-00-2865 11-200000HMANIL かであ OF DEATH age, single/married/divo	orced/widow/widow	in	
AND FUNERA I, with residence and postal 1. That 2. That the decease	AFFIDAVIT FOR DELAYED REGI address	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
AND FUNERA I, with residence and postal 1. That 2. That the decease	AFFIDAVIT FOR DELAYED REGI	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
AND FUNERA I, with residence and postal 1. That 2. That the decease	AFFIDAVIT FOR DELAYED REGI address	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
AND FUNERA I, with residence and postal 1. That 2. That the decease w	AFFIDAVIT FOR DELAYED REGI address, after being duly swom in accordant the time of his/her death: as attended by as not attended.	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
with residence and postal 1. That 2. That the decease we will be a simple of the cause of the	AFFIDAVIT FOR DELAYED REGI address	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
with residence and postal 1. That 2. That the decease we will be a simple of the cause of the	AFFIDAVIT FOR DELAYED REGI address, after being duly swom in accordant the time of his/her death: as attended by as not attended.	od on	10-00-2865 11-200000Himi(NIII) つであ OF DEATH age, single/married/divo	orced/widow/widov d say:	in	
with residence and postal 1. That 2. That the decease w 3. That the cause 4. That the reason	AFFIDAVIT FOR DELAYED REGI address	od on	10-00-2865 11-200000H納ANU 2023 OF DEATH age, single/married/divo w, do hereby depose an and wa	orced/widow/widow d say: s buried/cremated	- in	
AND FUNERA I,	AFFIDAVIT FOR DELAYED REGI address	or on the state of	10-00-2865 11-200000HahthMill 2025 OF DEATH age, single/married/divo	orced/widow/widow d say: s buried/cremated	- in	
AND FUNERA I,	AFFIDAVIT FOR DELAYED REGI address, after being duly swom in accordant to the time of his/her death: as attended by as not attended. of death of the deceased was for the delay in registering this death was due	or on the state of	10-00-2865 11-200000HahthMill 2025 OF DEATH age, single/married/divo	orced/widow/widow d say: s buried/cremated	- in	
with residence and postal 1. That 2. That the decease we	AFFIDAVIT FOR DELAYED REGI address	or on the state of	10-00-2865 11-200000HahthMill 2025 OF DEATH age, single/married/divo	orced/widow/widow d say: s buried/cremated	- in	
with residence and postal 1. That 2. That the decease we	AFFIDAVIT FOR DELAYED REGI address	or on	10-00-2865 11-200000HahthMill 2025 OF DEATH age, single/married/divo	orced/widow/widow d say: s buried/cremated	- in	
with residence and postal 1. That 2. That the decease 4. That the reason 5. That I am execute the truth whereof, I	AFFIDAVIT FOR DELAYED REGI address	od on	OF DEATH age, single/married/divo w, do hereby depose an and wa on ture Over Printed Name of	orced/widow/widow d say: s buried/cremated ints and purposes.	- in	
with residence and postal 1. That 2. That the decease 4. That the reason 5. That I am execute the truth whereof, I	AFFIDAVIT FOR DELAYED REGI address	od on	OF DEATH age, single/married/divo w, do hereby depose an and wa on attatements for all legal inte	orced/widow/widow d say: s buried/cremated ints and purposes.	in d in	
AND FUNERA I, with residence and postal 1. That 2. That the decease www. www. 3. That the cause www. In truth whereof, I at SUBSCRIBED AN	AFFIDAVIT FOR DELAYED REGI address	od on	OF DEATH age, single/married/divo w, do hereby depose an and wa on attatements for all legal into	orced/widow/widow d say: s buried/cremated ints and purposes. Affiant) me his CTC/valid	in d in	
AND FUNERA I, with residence and postal 1. That 2. That the decease www. www. 3. That the cause www. In truth whereof, I at SUBSCRIBED AN	AFFIDAVIT FOR DELAYED REGI address	od on	OF DEATH age, single/married/divo w, do hereby depose an and wa on attatements for all legal into	orced/widow/widow d say: s buried/cremated ints and purposes. Affiant) me his CTC/valid	in d in	
AND FUNERA I, with residence and postal 1. That 2. That the decease w w 3. That the cause 4. That I am execu In truth whereof, I at SUBSCRIBED AN	AFFIDAVIT FOR DELAYED REGI address	od on	OF DEATH age, single/married/divo w, do hereby depose an and wa on attatements for all legal into	orced/widow/widow d say: s buried/cremated ints and purposes. Affiant) me his CTC/velid	in d in	

CLAIRE DENNIS S. MAPA, Ph. D.