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| Municipal Form No. 103 (Revised August 2016) | | Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH | | accomplished in quadruplicate using black ink) | |
| Province _____ City/Municipality <u>Zamboanga City</u> | | | Registry No. 2021 6326 | | |
| 1. NAME (First) (Middle) (Last) WILLIAM BUNGA SAPAR | | | 2. SEX (Male/Female) MALE | | |
| 3. DATE OF DEATH (Day, Month, Year) 18 October, 2021 | | 4. DATE OF BIRTH (Day) (Month) (Year) 20 February, 1957 | | 5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 64 b. IF UNDER 1 YEAR [1] Months [0] Days [] Hours [] Min/Sec | |
| 6. PLACE OF DEATH (Name of Hospital/Clinic/institution/House No., St., Barangay, City/Municipality, Province) At Home; CALARIAN, Sg. ZAMBOANGA CITY | | | 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) Married | | |
| 8. RELIGION/RELIGIOUS sect. R. Catholic | | 9. CITIZENSHIP Filipino | | 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) CALARIAN, Sg. Zamboanga City PH | |
| 11. OCCUPATION CONSTRUCTION | | 12. NAME OF FATHER (First, Middle, Last) TEOFISTO SAPAR | | 13. MAIDEN NAME OF MOTHER (First, Middle, Last) RITA BUNGA | |
| MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back) | | | | | |
| 19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) Interval Between Onset and Death I. Immediate cause : a. ACUTE MYOCARDIAL INFARCTION Antecedent cause : b. _____ Underlying cause : c. _____ II. Other significant conditions contributing to death: _____ | | | | | |
| 19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) _____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices | | | | | |
| 19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____ b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____ | | | | | 20. AUTOPSY (Yes/No) NO |
| 21a. ATTENDANT 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others Specify _____ | | | 21b. If attended, state duration (mm/dd/yy) From _____ To _____ | | |
| 22. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input checked="" type="checkbox"/> have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above. | | | | | |
| Signature _____ Name in Print _____ Title of Position _____ Address _____ Date _____ | | | REVIEWED BY: Signature _____ Name in Print _____ Title of Position _____ Address _____ Date _____ | | |
| 23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) Burial | | 24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____ | | 24b. TRANSFER PERMIT Number _____ Date Issued _____ | |
| 25. NAME AND ADDRESS OF CEMETERY OR CREMATORY SAN ROQUE CEMETERY Zamboanga City | | | | | |
| 26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print JAY WILLIAM SAPAR Relationship to the Deceased SON Address SAN JOSE GUSU, ZAMBOANGA CITY Date October 19, 2021 | | | 27. PREPARED BY Signature _____ Name in Print ALBERTO MARCELINO Title or Position SANITARY INSPECTOR V Date October 19, 2021 | | |
| 28. RECEIVED BY Signature _____ Name in Print ELLIE J. L. LING Title or Position Chief Date 20 OCT 2021 | | | 29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print MA. JESSICA F. DAGAMANUEL Title or Position Registration Officer III Date 20 OCT 2021 | | |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) | | | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | | | |
| <div style="display: flex; justify-content: space-between;"> 6 264 08 01 10 6060535 11 431 19a(a)/19b 04/10 19a(c) </div> | | | | | |



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 WILLIAM B. SAKA following all the regulations prescribed by the Department of Health.

Signature [Signature] Title/Designation _____

Name in Print FIDELINO A. BARU License No. LICENSED EMBALMER

Address REVERENDS MEMORIAL HOME AND FUNERAL SERVICES Issued on 10-00-2865

Expiry Date 11-2000 OCHAMAIL

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 _____ died on _____ in _____ and was buried/cremated in _____ on _____.

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 _____ day of _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

08090-70-7031CA-00330-DI003

BEST POSSIBLE IMAGE

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.