Municipal Form No. 103A
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF FETAL DEATH

Province
City/Municipality
Registry No.

FETUS

1. NAME (First) (Middle) (Last)
2. SEX (Male/Female/Undetermined)
3. DATE OF DELIVERY (Day) (Month) (Year)
4. PLACE OF DELIVERY (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
5a. TYPE OF DELIVERY (Single, Twin, Triplet, etc.)
5b. IF MULTIPLE DELIVERY, FETUS WAS (First, Second, Third, etc.)
5c. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)
5d. BIRTH ORDER (live births and fetal deaths including this delivery) (First, Second, Third, etc.)
5e. WEIGHT OF FETUS ____ grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
7. CITIZENSHIP
8. RELIGION/RELIGIOUS SECT
9. OCCUPATION
10. AGE at the time of this delivery (completed years)
11a. Total number of children born alive
11b. No. of children still living
11c. No. of children born alive but are now dead
12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

FATHER

13. NAME (First) (Middle) (Last)
14. CITIZENSHIP
15. RELIGION/RELIGIOUS SECT
16. OCCUPATION
17. AGE at the time of this delivery (completed years)

MARRIAGE OF PARENTS

18a. DATE (Month) (Day) (Year)
18b. PLACE (City/Municipality) (Province) (Country)

MEDICAL CERTIFICATE

19. CAUSES OF FETAL DEATH
a. Main disease/condition of fetus
b. Other diseases/conditions of the fetus
c. Main maternal disease/condition affecting fetus
d. Other maternal disease/condition affecting fetus
e. Other relevant circumstances

20. FETUS DIED: ☐ 1 Before Labor ☐ 2 During labor/delivery ☐ 3 Unknown

21. LENGTH OF PREGNANCY (in completed weeks)

22a. ATTENDANT (Physician, Nurse, Midwife, Hilot or Traditional Birth Attendant, none, others (specify))

22b. CERTIFICATION OF FETAL DEATH

☐ I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I ☐ have attended/ ☐ have not attended the death of the fetus at ____ am/pm on the date of delivery specified above.

Signature
Name in Print
Title or Position
Address
Date

REVIEWED BY:

Signature Over Printed Name of Health Officer
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)

24. BURIAL/CREMATION PERMIT
Number
Date Issued

25. AUTOPSY (Yes /No)

26. NAME AND ADDRESS OF CEMETERY OR CREMATORY

27. CERTIFICATION OF INFORMANT

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

Signature
Name in Print
Relationship to the Deceased
Address
Date

28. PREPARED BY

Signature
Name in Print
Title or Position
Date

29. RECEIVED BY

Signature
Name in Print
Title or Position
Date

30. REGISTERED BY THE CIVIL REGISTRAR

Signature
Name in Print
Title or Position
Date

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

7 ☐☐ 8 ☐☐ 9 ☐☐☐ 12 ☐☐☐☐☐☐☐☐ 14 ☐☐ 15 ☐☐

16 ☐☐☐ 19a ☐☐☐☐ 19c ☐☐☐☐

POSTMORTEM CERTIFICATE OF FETAL DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased this _____ day of _____ and that the cause of death was as follows _____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ 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 FETAL 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 fetus at the time of his/her death:

   ☐ was attended by _____.

   ☐ was not attended.

3. That the cause of death of the fetus was _____.

4. That the reason for the delay in registering this fetal 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 Community Tax Cert. _____ issued on _____ at _____.

_____
Signature of the Administering Officer

_____
Position / Title / Designation

_____
Name in Print

_____
Address