Municipal Form No. 102 (Revised August 2016) (To be accomplished in quadruplicate using black ink)

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Dr	ovince			Registry No.		
	ovince y/Municipality					
Oit	1. NAME (First)	(Mi	ddle)	(Last)		
	, , , ,					
СН	2. SEX (Male/Female)	3. DATE OF BIRTH	(Day)	(Month)	(Year)	
1	4. PLACE OF (Name of Hospital House No., St., B		(City/Municipali	ity) (Province)		
D	5a.TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHI (First, Second, Third, etc.)	pr	IRTH ORDER (Order of this birth to revious live births including fetal death) irst, Second, Third, etc.)	6. WEIGHT AT BIRTH grams	
B 4	7. MAIDEN (First) (Midd		ddle)	(Last)	grans	
M O T	8. CITIZENSHIP		9. RELIGION/RELIGIOUS SECT			
T H E	10a. Total number of children born alive living includir	Annual An		JPATION	12.AGE at the time of this birth (completed years)	
R				(Province) (Country)	
F	14. NAME (First) (Mid-		(Middle)	(Last)		
A T H	15. CITIZENSHIP	16. RELIGION/RELIGIOUS S	ECT 17.	OCCUPATION	18. AGE at the time of this birth (completed years)	
E R	19. RESIDENCE (House No., St.	, Barangay) (City/	Municipality)	(Province)	(Country)	
MA	ARRIAGE OF PARENTS (If not m	arried, accomplish Affidavit of F	cknowledgemen	nt/Admission of Paternity at the b	ack.)	
	. DATE (Month) (Day)	(Year) 20b. PLACE	(City/Municipal	lity) (Province)	(Country)	
218	ATTENDANT Physician	3 Midwife 4 Hilot	(Traditional Birth	n Attendant) 5 Others (S	pecify)	
21b	D. CERTIFICATION OF ATTENDANT I hereby certify that I attended t	AT BIRTH (Physician, Nurse,	Midwife, Tradition	onal Birth Attendant/Hilot, etc.)		
Sia	nature		Address			
	me in Print					
Title	e or Position		Date			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and			23. PREPARED BY			
Cim	correct to my own knowledge and		Signature			
"	nature		Name in Print			
	Name in Print			Title or Position		
	Relationship to the Child			Date		
Address						
	RECEIVED BY		25. REGISTE	ERED AT THE OFFICE OF THE (CIVIL REGISTRAR	
Signature			Signature			
Name in Print			Name in Print			
Title or Position			Title or Position			
Da	te		Date	4		
RE	MARKS/ANNOTATIONS (For L	CRO/OCRG Use Only)				
33.5	9 11 13		15 16	17 19		

	(For births before 3 August 1988)	GMENT/ADMISSION OF PATERNITY (For births on or after 3 August 1988)
of legal age,	am/are the natural mother and/or fath	ner of, who was
	e are executing this affidavit to attest to t g my/our child.	he truthfulness of the foregoing statements and for purposes of
(Signature Ov	ver Printed Name of Father)	(Signature Over Printed Name of Mother)
SUBSCI	RIBED AND SWORN to before me this	s day of, by
	and	, who exhibited to me (his/her) at
CTC/valid ID		issued on at
Signature o	f the Administering Officer	Position / Title / Designation
	Name in Print	Address
		ED REGISTRATION OF BIRTH
		ther, mother, or guardian or the person himself if 18 years old or over.), of legal age, single/married/divorced/widow/widower, with
	d postal address at	, or logal ago, onigio/mamou are recurrent.
residence an	·	sworn in accordance with law, do hereby depose and say:
1 That	I am the applicant for the delayed reg	
		on
	he birth of	who was born in
-	on	•
2. That		who resides at
3. That	I am/he/she is a citizen of	•
4. That	my/his/her parents were married	d on at
		arried but I/he/she was acknowledged/not acknowledged by /her father whose name is
5. That	the reason for the delay in registering	my/his/her birth was
6. (For	the applicant only) That I am married	to
(If th	e applicant is other than the documer	nt owner) That I am the of the said persor
	I am executing this affidavit to attest ts and purposes.	t to the truthfulness of the foregoing statements for all lega
In tru	th whereof, I have affixed my signa	ture below this day of, Philippines.
	at	, τ ππρριποσ.
		(Signature Over Printed Name of Affiant)
		e this day of, at
		ippines, affiant who exhibited to me his/her CTC/valid ID at
		Position / Title / Designation
Signa	ture of the Administering Officer	Position/ Title / Designation
-	Name in Print	Address