

CERTIFICATE OF DEATH

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

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 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 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:	
<input type="checkbox"/> was attended by ;	
<input type="checkbox"/> 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