Municipal Form No. 103 (To be accomplished in quadruplicate using black ink) Republic of the Philippines (Revised August 2016) OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH Registry No. Province _ City/Municipality 1. NAME 2. SEX (Male/Female) (Middle) 3. DATE OF DEATH (Day, Month, Year) 4. DATE OF BIRTH (Day) (Month) (Year) 5. AGE AT THE TIME OF DEATH (Fill-in bellow accdg. to age category)
a. IF 1/YEAR OR ABOVE | b. IF UNDER 1 YEAR | c. IF UNDER 24 HOUR [0] Days [1] Months [2] Completed years 7. CIVIL STATUS (Single/Married/Widow/ 6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) Widower/Annulled/Divorced) 8. RELIGION/RELIGIOUS SECT 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) 9. CITIZENSHIP 11 OCCUPATION 13. MAIDEN NAME OF MOTHER (First, Middle, Last) 12. NAME OF FATHER (First, Middle, Last) 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. _ 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, d. 42 days to 1 year after ____ b. pregnant, in ____ c. less than 42 days after e. None of the not in labour choices labour 20. AUTOPSY 19d. DEATH BY EXTERNAL CAUSES (Yes/No) 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.) 21b. If attended, state duration (mm/dd/yy) 21a. ATTENDANT 2 Public 1 Private Health 3 Hospital 5 Others ____ Authority ____ 4 None Physician __ Officer Specify_ 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 have attended/ have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above. REVIEWED BY: Name in Print Title of Position Signature Over Printed Name of Health Officer Address _ Date 23. CORPSE DISPOSAL 24a, BURIAL/CREMATION PERMIT 24b. TRANSFER PERMIT Number (Burial, Cremation, if others, specify) Number Date Issued Date Issued 25. NAME AND ADDRESS OF CEMETERY OR CREMATORY 26. CERTIFICATION OF INFORMANT 27. PREPARED BY I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature Signature Name in Print Name in Print Title or Position Relationship to the Deceased_ Address Date Date 28. RECEIVED BY 29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Signature _ Name in Print Name in Print Title or Position Title or Position Date REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 19a(a)/19b 10 19a(c)

	FOR CHILDRE	EN AGED 0 TO 7 DAYS
14. AGE OF MOTHER	15. METHOD OF DELIVERY (vertex, if others, specify)	Normal spontaneous 16. LENGTH OF PREGNANCY: (in completed weeks)
7. TYPE OF BIRTH (Single, Twin, Triplet, etc.)		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
	MEDICA	AL CERTIFICATE
9a. CAUSES OF DEATH		
a. Main disease/condition	of infant	
		3
d. Other maternal disease	e/condition affecting infant	
e. Other relevant circums		
Se .	CONTINUE	TO FILL UP ITEM 20
I HEREBY CERTIF		CERTIFICATE OF DEATH topsy upon the body of the deceased and that the cause of death was
Signature		Title/Designation
		Address
LUEDEDY OFDIS		TION OF EMBALMER
	d by the Department of Health.	following
Signature		Title/Designation
270		License No.
		Issued on at
		Expiry Date
	address	, of legal age, single/married/divorced/widow/widower
	, after being duly sv	worn in accordance with law, do hereby depose and say:
1. That		idied oni
		and was buried/cremated in
		on
	d at the time of his/her death: s attended by	;
wa	s not attended.	
3. That the cause of	f death of the deceased was	
4. That the reason f	or the delay in registering this de	eath was due to
		uthfulness of the foregoing statements for all legal intents and purposes.
		thisday of,
at	- 1 - 1	, Philippines.
		(Signature Over Printed Name of Affiant)
		(-3)
SUBSCRIBED AND	SWORN to before me thi	sday ofa
		, Philippines, affiant who exhibited to me his CTC/valid I
		at
Signature of	the Administering Officer	Position / Title / Designation
	Name in Print	Address