

CERTIFICATE OF LIVE BIRTH

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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, _____ and _____,
of legal age, am/are the natural mother and/or father of _____, who was
born on _____ at _____.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by
_____ and _____, who exhibited to me (his/her)
CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, _____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

_____ after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

☐ my birth in _____ on _____.

☐ the birth of _____ who was born in _____
_____ on _____.

2. That I/he/she was attended at birth by _____ who resides at
_____.

3. That I am/he/she is a citizen of _____.

4. That my/his/her parents were ☐ married on _____ at _____.

☐ not married but I/he/she was acknowledged/not acknowledged by
my/his/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 the applicant is other than the document owner) That I am the _____ of the said person.

7. 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/her CTC/valid ID
_____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address