	12/65) 2/21/3	CERTIF	ICA	IEU	thus or	- 1/7/- 1	2000		YERY
Pr	ovince				24	<u>aldianie</u>	Registi	y No.	
Ci	ty/Municipality								
	1. NAME (First) (Midd				dle) (Last)				
F E T U S	SEX (Male/Female/Undetermined) 3. DATE OF DELIVER				()				
	PLACE OF (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 (First, Second, Third								
	6. MAIDEN (First)			ne/Nefit	(Middle)			Last)	
M	7. CITIZENSHIP 8. RELIGION/RELIGIOUS SEC			CECT	OT. A COOLIDATION			10. AGE at the time of this delivery	
O T H E R	7.CITIZENSHIP	8. RELIGION/F	RELIGIOUS	SECT	9. OCCUP	PATION			eted years)
	11a. Total number of children born alive 11b. No. of children sti			f children still	living 11c. No. of children born alive but are			n alive but are now dead	
	12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)								
F A T	13. NAME (First)				(Middle) (Last)			e sepaga bra esca	
HER	14. CITIZENSHIP	14. CITIZENSHIP 15. RELIGION/RELIG			GIOUS SECT 16. OCCUPATION		17. AGE at the time of this del (completed years)		
-	ARRIAGE OF PARENTS		11.0	W-0114					The stand
a	CAUSES OF FETAL DEATH a. Main disease/condition of fet b. Other diseases/conditions of c. Main maternal disease/condi	f the fetus		EDICAL CE			ri\eid io	erri Sril Is z	Upst the folds:
a b c d e	a. Main disease/condition of fet	f the fetus	sus		2 Duri	ing labor/delive	ery	SEED TO SE	3 Unknown
a b c d e e e e e e e e e e e e e e e e e e	a. Main disease/condition of fet b. Other diseases/conditions of c. Main maternal disease/condi d. Other maternal disease/cond c. Other relevant circumstances FETUS DIED:	f the fetus ition affecting fetus dition affecting fetus 1 Before Lin completed weeks) DEATH oregoing particular th of the fetus at	s us abor 22a.	ATTENDAN ot as near a am/pm o	2 Duri T (Physician, I	ring labor/delive Nurse, Midwife, Hilo an be ascertain	ery tor Traditiona ed and I t recified al	al Birth Attendant, n	3 Unknown one, others (specify)}
a b c d d e e e e e e e e e e e e e e e e e	a. Main disease/condition of fet b. Other diseases/conditions of c. Main maternal disease/condi d. Other maternal disease/condi d. Other maternal disease/condi e. Other relevant circumstances FETUS DIED: LENGTH OF PREGNANCY (in b. CERTIFICATION OF FETAL D I hereby certify that the for have not attended the deal	f the fetus ition affecting fetus dition affecting fetus 1 Before Lan completed weeks) DEATH pregoing particular th of the fetus at	s us abor _ 22a.	ATTENDAN ct as near a am/pm o	2 Duri T{Physician, I as same ca on the date	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED	ery or Traditions ed and I to ecified als BY:	al Birth Attendant, n	3 Unknown one, others (specify)} that I have atter
a b c d e e e e e e e e e e e e e e e e e e	a. Main disease/condition of fet b. Other diseases/conditions of b. Main maternal disease/conditions of d. Main maternal disease/conditions of d. Other maternal disease/conditions of disease/conditi	f the fetus ition affecting fetus dition affecting fetus 1 Before Lancompleted weeks) DEATH oregoing particular th of the fetus at	s us abor _ 22a.	ATTENDAN ct as near a am/pm o	2 Duri T{Physician, I as same ca on the date	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED	ery tor Traditiona ed and I to ecified al BY:	al Birth Attendant, n	3 Unknown one, others (specify)} that I have atter
a b c d d e e 20.	a. Main disease/condition of fet of the diseases/conditions of conditions of the diseases/conditions of the disease/condition of the disease of the dis	f the fetus ition affecting fetus dition affecting fetus 1 Before Lan completed weeks) DEATH oregoing particular th of the fetus at	sus abor 22a.	ATTENDAN ot as near a am/pm o	2 Duri T{Physician, I as same ca on the date	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED	ery tor Traditiona ed and I to ecified al BY:	urther certify toove.	3 Unknown one, others (specify)) that I have atter
a b c d e e e e e e e e e e e e e e e e e e	a. Main disease/condition of fet of the diseases/conditions of conditions of the diseases/conditions of the disease/condition of the disease of the dis	f the fetus ition affecting fetus dition affecting fetus 1 Before Lancompleted weeks) DEATH Deregoing particular the of the fetus at Date	s us abor 22a.	ATTENDAN ot as near a am/pm o	2 Duri T (Physician, I	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate	ery tor Traditiona ed and I to ecified al BY:	al Birth Attendant, n	3 Unknown one, others (specify)) that I have atter of Health Officer
a b c d e e 20. 21. 22h Siç Na Tit Ad	a. Main disease/condition of fet b. Other diseases/conditions of b. Main maternal disease/conditions of b. Main maternal disease/condition. Other maternal disease/condition.	f the fetus ition affecting fetus dition affecting fetus 1 Before Lan completed weeks) DEATH oregoing particular the of the fetus at Date	s us abor _ 22a.	ATTENDAN ot as near a am/pm o	2 Duri T (Physician, I	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate	ery ed and I if ecified al BY:	urther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer
3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Other maternal disease/condition. In the properties of the propert	f the fetus ition affecting fetus ition affecting fetus 1 Before Lancompleted weeks) DEATH oregoing particular th of the fetus at Date METERY OR CREM	s us abor 22a. rs are correct 24. E MATORY are true and	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T {Physician, I as same ca on the date	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate ERMIT	ed and I if secified at BY:	Turther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)
a a b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet of Other diseases/conditions of conditions of the condition and the c	f the fetus ition affecting fetus ition affecting fetus 1 Before Lancompleted weeks) DEATH oregoing particular th of the fetus at Date METERY OR CREM	sus abor 22a. 22a. 24.E	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T {Physician, I as same ca on the date EMATION PE	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signatu ERMIT PARED BY Tre	ed and I the ecified at BY:	ove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer PPSY No)
a b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/conditions of to. Main maternal disease/condition. Other maternal disease/condition. Other relevant circumstances. Other relevant circumstances. FETUS DIED: LENGTH OF PREGNANCY (in the control of	f the fetus— ition affecting fetus dition affecting fetus 1 Before Lancompleted weeks) DEATH Deregoing particular the of the fetus at Date METERY OR CREININT ormation supplied	s_us_abor22a. rs are correct 24. E	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T (Physician, I as same ca on the date EMATION PE 28. PREI Signatur Name ir Title or	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate ERMIT PARED BY The Print Position Print Print Position Print Pare Pare Pare Pare Pare Position Print Pare Position Print Print Pare Position Print Print Pare Pare Position Print Print Pare Pare Pare Pare Pare Pare Pare Pare	ed and I the ecified at BY:	ove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer PPSY No)
a b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/conditions of to. Main maternal disease/condition. Other maternal disease/condition. Other relevant circumstances. Other relevant circumstances. FETUS DIED: LENGTH OF PREGNANCY (in the control of	f the fetus— ition affecting fetus dition affecting fetus 1 Before Lancompleted weeks) DEATH Deregoing particular the of the fetus at Date METERY OR CREININT ormation supplied	s_us_abor22a. rs are correct 24. E	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T {Physician, I as same ca on the date EMATION PE	ring labor/deliver Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate ERMIT PARED BY Ire Position	ery ed and I if ecified at BY:	oruther certify to cove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)) that I have atter of Health Officer OPSY No)
a b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Other maternal disease/condition. In hereby certify that the following have not attended the deal grature arms in Print disease. CORPSE DISPOSAL rial, Cremation, if others, specify) NAME AND ADDRESS OF CEMENTAL DISPOSAL In hereby certify that all informy own knowledge and belief. In nature	f the fetus— ition affecting fetus dition affecting fetus 1 Before Lancompleted weeks) DEATH Deregoing particular the of the fetus at Date METERY OR CREININT ormation supplied	s_us_abor22a. rs are correct 24. E	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T (Physician, I as same ca on the date EMATION PE 28. PREI Signatur Name in Title or Date	ring labor/deliver Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signate ERMIT PARED BY Ire Position	ery tor Traditiona ed and I to ecified at BY:	urther certify toove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)
a b c d d e e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Main maternal disease/condition. Other maternal disease/condition. In the properties of the death	f the fetus ition affecting fetus dition affecting fetus	sus abor 22a. 22a. 24.E	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T (Physician, I as same ca on the date SMATION PE Signatur Name ir Title or Date 30. REGIS Signature	ing labor/delivery span be ascertain e of delivery span signature. EPARED BY The position STERED BY The STERED B	ed and I in secified at BY:	urther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer DPSY No)
a b b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to Other diseases/conditions of to Other diseases/conditions of the Disease of	f the fetus ition affecting fetus dition affecting fetus	sus abor 22a. rs are correct 24. E MATORY are true and	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T (Physician, I as same ca on the date in the date MATION Pt 28. PREI Signatur Name in Title or Date Signature Name in	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signatu ERMIT PARED BY Ire Position STERED BY Te e Print	ery torTraditional ed and I to ecified at BY: ure Over	urther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)
a a b b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Other maternal disease/condition. In the properties of the propert	f the fetus ition affecting fetus dition affecting fetus	sus abor 22a. rs are correct 24. E MATORY are true and	ATTENDAN ct as near a am/pm c BURIAL/CRE Number Date Issued_	2 Duri T {Physician, I s same ca on the date MATION PE Signatur Name in Title or F Title or F	ing labor/delivery span be ascertain e of delivery span signature. EPARED BY The position STERED BY The STERED B	ery torTraditional ed and I to ecified at BY: ure Over	urther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)
a b b c c d d e e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Other maternal disease/condition. In the properties of the propert	f the fetus ition affecting fetus dition affecting fetus	sus abor 22a. rs are correct 24. E MATORY are true and	ATTENDAN ct as near aam/pm c	2 Duri T (Physician, I as same ca on the date in the date MATION Pt 28. PREI Signatur Name in Title or Date Signature Name in	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signatu ERMIT PARED BY Ire Position STERED BY Te e Print	ery torTraditional ed and I to ecified at BY: ure Over	urther certify to pove. Printed Name Date 25. AUTC (Yes /N	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)
a b b c c d d d e e e e e e e e e e e e e e e	a. Main disease/condition of fet to. Other diseases/conditions of to. Other diseases/conditions of to. Main maternal disease/condition. Main maternal disease/condition. Other maternal disease/condition. In the properties of the properti	f the fetus ition affecting fetus dition affecting fetus 1 Before Lan completed weeks) DEATH Deregoing particular th of the fetus at Date METERY OR CREMINT Dormation supplied	sus abor	ATTENDAN ct as near aam/pm c	2 Duri T {Physician, I s same ca on the date MATION PE Signatur Name in Title or F Title or F	ring labor/delive Nurse, Midwife, Hilo an be ascertain e of delivery sp REVIEWED Signatu ERMIT PARED BY Ire Position STERED BY Te e Print	ery tor Traditional ed and I to ecified at BY: ure Over	Date 25. AUTC (Yes /h	3 Unknown one, others (specify)} that I have atter of Health Officer OPSY No)

POSTMORTEMICE	RTIFICATE 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_	and that the cause of death was as follows					
	The second secon					
Signature	Title/Designation					
Name in Print	Address					
Date (villa lone)/	4 PLACE OF (Name of Hoppits, Dilnivir allist and College					
	TFICATION OF EMBALMER					
I HEREBY CERTIFY that I have embalmed	following					
all the regulations prescribed by the Department of Healt						
Signature	Title/Designation					
Name in Print	License No.					
Address	Issued on an analysis at at					
	Expiry Date					
bade with editional modern and a public that the state of	C. 1.7 X is a review of controls because the control of abilities all suppose					
AFFIDAVIT FOR DELAYED	D REGISTRATION OF FETAL DEATH					
	12. Real Style (Olly Municipality) (Olly Municipality)					
I (ek	, of legal age, single/married/divorced/widow/widower, wit					
residence and postal address						
, after being duly swo	orn in accordance with law, do hereby depose and say:					
1. That	died on ii					
	and was buried/cremated in					
The state of the s	on					
2. That the fetus at the time of his/her death:						
was attended by	services and the services of the services and the services are the services and the services and the services are the service					
use not ettended						
was not attended.						
3. That the cause of death of the fetus was	AUDIST OF WHEN Y					
4. That the reason for the delay in registering this fe	etal death was due to					
	E DESTINICATION OF REAL SEATH					
5. That I am executing this affidavit to attest to the tr	ruthfulness of the foregoing statements for all legal intents and purpose					
REVIEWED 8/4						
	w this, <u>and all all</u>					
at, Phili	ippines.					
	• 9.9					
	CORFUE DISPOSAL 24 BURIA DISPOSAL 24 BURIA DISPONDUL					
	(Signature Over Printed Name of Affiant)					
	HAMEANDADDRESS OF DEMCTERY OF CREMATORY					
	s day of, a					
	, Philippines, affiant who exhibited to me his Community Tax Cer					
issued on	at John houses see see not					
or Poston	SHT paragraph of the second entropy interested to the second entropy interested to the second entropy in the s					
Signature of the Administering Officer	Position / Title / Designation					
ERISTEROD BY THE CIVIL REGISTRAR	section year of the section of the s					
Name in Print	Address Address					