

Republic of the Philippines
Local Civil Registry Office
Province: Laguna
City/Municipality: Biñan

RECEIVED AT THE OFFICE
OF THE CIVIL REGISTRAR

Signature

Name in Print

Title or Position

Date Received

Republic of the Philippines)
) S.S.

Petition No. _____

PETITION FOR CORRECTION OF CLERICAL ERROR
IN THE CERTIFICATE OF LIVE BIRTH

I, _____, of legal age, _____
(complete name of petitioner) (nationality/citizenship)

and a resident of _____
(complete address)

after having been duly sworn to in accordance with law, hereby declare that:

- 1) I am the petitioner seeking correction of the clerical error in:
a) ☐ my Certificate of Live Birth
b) ☐ the Certificate of Live Birth of _____
(complete name of owner)
who is my _____
(relation of owner to the petitioner)
- 2) I/He/She was born on _____ at _____
(date of birth) (city/municipality)
_____, _____
(province) (country)
- 3) The birth was recorded under registry number _____
- 4) The clerical error(s) to be corrected is (are): *(Use additional sheets, if necessary.)*

Item No.	Description	From	To

- 5) The facts/reasons for filling this petition are the following: *(Use additional sheets, if necessary.)*

- 6) I submit the following documents to support this petition: *(Use additional sheets, if necessary.)*
a) _____
b) _____
c) _____
d) _____
e) _____

- 7) I/He/She have not filed any similar petition and that, to the best of my knowledge, no other similar petition is pending with any LCRO, Court or Philippines Consulate.

- 8) I am filing this petition at the LCRO of _____, _____
(city/municipality) (province)

in accordance with R.A. No. 9048 and its implementing rules and regulations.

Signature over printed name of petitioner

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CA 9043 Form No. 13
(Revised 13 Aug 2007)

VERIFICATION

I, _____, the petitioner, hereby certify that the
allegations herein are true and correct to the best of my knowledge and belief.

Signature over printed name of petitioner

SUBSCRIBED AND SWORN to before me this _____ day of _____
in the city/municipality of _____, petitioner exhibiting
his Community Tax Certificate No. _____ issued at _____
_____ on _____

Administering Officer

Doc No. _____
Page No. _____
Book No. _____
Series of _____

For C/MCR use only

ACTION TAKEN BY THE C/MCR

☐ **Granted** ☐ **Denied (Provide the basis for denial)**

Date : _____

City/Municipality Civil Registrar

For CRG use only

ACTION TAKEN BY CRG

☐ **Affirmed** ☐ **Impugned**

Date : _____

Civil Registrar General

Payment for filing fee (Please attach copy of the official receipt.)

O.R. No. _____
Amount Paid _____
Date Paid _____