

Municipal Form No. 102 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH			
Province _____ City/Municipality _____		Registry No. _____	
CHILD	1. NAME (First) (Middle) (Last) RICHMOND ROSETE		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 17 OCTOBER 1999	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)
MOTHER	6. WEIGHT AT BIRTH _____ grams		
	7. MAIDEN NAME (First) (Middle) (Last)		
	8. CITIZENSHIP		9. RELIGION/RELIGIOUS SECT
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead
	11. OCCUPATION		12. AGE at the time of this birth (completed years)
FATHER	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		
	14. NAME (First) (Middle) (Last)		
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION
	18. AGE at the time of this birth (completed years)		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year)		20b. PLACE (City / Municipality) (Province) (Country)	
21a. ATTENDANT ____ 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot (Traditional Birth Attendant) ____ 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above.			
Signature _____ Name in Print _____ Title or Position _____		Address _____ _____ Date _____	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print _____ Relationship to the Child _____ Address _____ Date _____		23. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date _____	
24. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19			

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)
Community Tax Cert. No. _____ 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 Community Tax Cert.
_____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address