

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province		Registry No.					
City/Municipality							
C H I L D	1. NAME RICHMOND	(First) (Middle)	(Last) ROSETE				
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH 17	(Day) (Month) OCTOBER (Year) 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.)	6. WEIGHT AT BIRTH grams			
M O T H E R	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			
	13. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)			
F A T H E R	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 _____		Address _____					
Name in Print _____		Title or Position _____					
Relationship to the Child _____		Date _____					
Address _____		23. PREPARED BY					
Date _____		Signature _____					
24. RECEIVED BY		Name in Print _____					
Signature _____		Title or Position _____					
Name in Print _____		Date _____					
Title or Position _____		25. REGISTERED BY THE CIVIL REGISTRAR					
Date _____		Signature _____					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)		Name in Print _____					
Title or Position _____		Date _____					
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
Community Tax Cert. No. _____ and _____, who exhibited to me (his/her) _____
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