

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate ANSWER IN ITEMS 2, 5A, 5B AND 19A.)

REMARKS/ANNOTATION

Province _____
City/Municipality _____

Registry No. _____

C H I L D	1. NAME (First) (Middle) (Last)		
	2. SEX ____ 1 Male ____ 2 Female	3. DATE OF BIRTH (day) (month) (year)	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay)		
	5a. TYPE OF BIRTH ____ 1 Single ____ 2 Twin ____ 3 Triplet. Etc.	b. IF MULTIPLE BIRTH, CHILD WAS ____ 1 First ____ 2 Second ____ 3 Others, Specify _____	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)		d. WEIGHT AT BIRTH _____ grams

M O T H E R	6. MAIDEN NAME (First) (Middle) (Last)		
	7. CITIZENSHIP		8. RELIGION
	9a. Total number of children born alive: _____	b. No. of Children still living including this birth: _____	c. No. of children born alive but are now dead: _____
	10. OCCUPATION		11. Age at the time of this birth: _____ years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		

F A T H E R	13. NAME (First) (Middle) (Last)		
	14. CITIZENSHIP		15. RELIGION
	16. OCCUPATION		17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

19a. ATTENDANT
____ 1 Physician ____ 2 Nurse ____ 3 Midwife
____ 4 Hilot (traditional Midwife) ____ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.

Signature _____ Address _____
Name in Print _____
Title or Position _____ Date _____

20. INFORMANT
Signature _____ Address _____
Name in Print _____
Relationship to the child _____ Date _____

21. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date _____	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____
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FOR OCRG USE ONLY:
Population reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

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49 50

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62 64

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For this before 3 August 1988/on or after 3 August 1998

AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PATERNITY

Well, _____ and _____
parents/parent of the child mentioned in this Certificate of live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. _____

Community Tax No. _____

Date Issued _____

Date Issued _____

Place Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____,
at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married
and with residence and postal address at _____,
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____.
2. That I/he/she was born on _____ at _____.
3. That I/he/she was attended at birth by _____ who resides at _____.
4. That I/he/she is citizen of _____.
5. That my/his/her parents were married on _____ at _____
 not married but was acknowledge by my/his/her father whose name is _____.
6. That the reason for the delay in registering my/his/her birth was due to _____.
7. That a copy of my/his/her birth certificate is needed for the purpose of _____.
8. (For the applicant only) That I am married to _____.
- (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____,
at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)