

THIS FORM IS NOT FOR SALE



Republic of the Philippines
National Statistics Office
OFFICE OF THE CIVIL REGISTRAR GENERAL
APPLICATION FORM -



CERTIFICATION OF NO RECORD OF MARRIAGE (CENOMAR)

IMPORTANT : PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE FORM

Please PRINT letters in the spaces provided. Please CHECK (✓) appropriate box(es).

Number of copies ? ☐ One ☐ Two Others (Specify) : _____

Birth Reference No.
BRen (if known)

____ - ____ - ____

Sex: Male ☐

Female ☐

OWNER'S PERSONAL INFORMATION

Last Name

First Name

Middle Name

Date of Birth

MONTH

DAY

YEAR

Place of Birth

City / Municipality

Province

Please specify country if
born abroad only:

Country

NAME OF FATHER

Last Name

First Name

Middle Name

MAIDEN NAME OF MOTHER

Last Name

First Name

Middle Name

REGISTERED LATE?

☐ No

☐ Yes

When: _____

Check (✓) appropriate box

Requester's
Tax Identification No.(TIN)
(if known)

____ - ____ - ____

PLEASE TURN TO BACK PAGE ➡

FOR NSO USE ONLY

TRANSACTION NUMBER :

PURPOSE : Choose one and check (✓) appropriate box

| | | |
|---|---|---|
| <input type="checkbox"/> Claim Benefits / Loans | <input type="checkbox"/> Employment (Local) | <input type="checkbox"/> School Requirement |
| <input type="checkbox"/> Passport / Travel | (Specify Country: _____) | <input type="checkbox"/> Others (Specify) : _____ |
| <input type="checkbox"/> Employment (abroad) | (Specify Country: _____) | |

☐ **Employment (Local)**☐ **Passport / Travel** (Specify Country: _____)

☐ Others (Specify) : _____

☐ **Employment (abroad)** (Specify Country: _____)

| REQUESTER'S INFORMATION | |
|-------------------------|--|
| | <div> <div>Last Name</div> <div>, First Name</div> <div>, M I</div> </div> |
| Mailing Address | <div> <div>House No.</div> <div>Street Name / Barangay</div> </div> |
| City / Municipality | |
| Province | |
| Tel. No. | |

Last Name , **First Name** , **M I**

[illegible]

House No.

Street Name / Barangay

[illegible]

| FOR NSO USE ONLY | | | | Converted ? | |
|------------------|----------------------|----------------------|-------------------------|----------------------------|----------------------------|
| | MONTH | DAY | YEAR | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Date of Filing | <input type="text"/> | <input type="text"/> | 20 <input type="text"/> | | |
| Date of Release | <input type="text"/> | <input type="text"/> | 20 <input type="text"/> | | |
| Remarks : | | | | | |

MONTH DAY YEAR

Converted ? ☐ Y ☐ N

| | | / | | / 20 | |

| | | / | | / 20 | |

Remarks :

Received by : _____ Date of receipt : _____

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