Municipal Form No. 103 (Revised January 1993)

Republic of the Philippines

CERTIFICATE OF DEATH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 9, 13, 15, 16, 18, 19, 21 and 23.)

<table>
<thead>
<tr>
<th>Province</th>
<th>Registry No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Municipality</td>
<td></td>
</tr>
</tbody>
</table>

1. NAME
   - (First) |
   - (Middle) |
   - (Last) |

2. SEX
   - 1 Male
   - 2 Female

3. RELIGION

4. AGE
   - a. 1 YEAR OR ABOVE
   - b. UNDER 1 YEAR
   - c. UNDER 1 DAY

5. PLACE OF DEATH
   - (Name of Hospital/Clinic/Institution) |
   - (City/Municipality) |
   - (Province) |

6. DATE OF DEATH
   - (day) |
   - (month) |
   - (year) |

7. CITIZENSHIP

8. RESIDENCE
   - (House No., Street, Barangay) |
   - (City/Municipality) |
   - (Province) |

9. CIVIL STATUS
   - 1 Single
   - 2 Married
   - 3 Widowed
   - 4 Divorced
   - 5 Unknown
   - 6 Unknown

10. OCCUPATION

MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 11-17 at the back)

17. CAUSES OF DEATH
   - Immediate cause  |
   - Antecedent cause |
   - Underlying cause |
   - Other significant conditions contributing to death:

18. DEATH BY NON-NATURAL CAUSES
   - a. Manner of Death |
     - 1 Homicide |
     - 2 Suicide |
     - 3 Accident |
     - 4 Others (Specify) |
   - b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.)

19. ATTENDANT
   - 1 Private Physician |
   - 2 Public Health Officer |
   - 3 Hospital Authority |
   - 4 None |
   - 5 Others (Specify) |

20. CERTIFICATION OF DEATH
   - I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that
   - have not attended the deceased
   - have attended the deceased and that death occurred at and pm on the date indicated above.

REVIEWED BY:

Signature
Name in Print
Title or Position
Address
Date

21. CORPSE DISPOSAL
   - 1 Burial |
   - 2 Cremation |
   - 3 Others (Specify) |

22. BURIAL/CREMATION PERMIT
   - Number:

23. AUTOPSY
   - 1 Yes |
   - 2 No |

24. NAME AND ADDRESS OF CEMETARY OR CREMATORY

25. INFORMANT
   - Signature
   - Name in Print
   - Address
   - Relationship to the deceased
   - Date

26. PREPARED BY
   - Signature
   - Name in Print
   - Title or Position
   - Date

27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
   - Signature
   - Name in Print
   - Title or Position
   - Date
**FOR AGES 0 TO 7 DAYS**

<table>
<thead>
<tr>
<th>11. DATE OF BIRTH (day)</th>
<th>12. AGE OF THE MOTHER</th>
<th>13. METHOD OF DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Normal; spontaneous vertex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Others (Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. LENGTH OF PREGNANCY:</th>
<th>completed weeks</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. TYPE OF BIRTH</th>
<th>16. IF MULTIPLE BIRTH, CHILD WAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Single</td>
<td>1 First</td>
</tr>
<tr>
<td>2 Twin</td>
<td>2 Second</td>
</tr>
<tr>
<td>3 Triple, etc.</td>
<td>3 Others (Specify)</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE**

17. **CAUSES OF DEATH**
   
a. Main disease/condition of infant
b. Other disease/conditions of infant
c. Main maternal disease/condition affecting infant
d. Other maternal disease/condition affecting infant
e. Other relevant circumstances

**CONTINUE TO FILL UP ITEM 18**

**POSTMORTEM CERTIFICATE OF DEATH**

I HEREBY CERTIFY that I have this ______ day of ______ , performed an autopsy upon the body of the deceased and that the cause of death was as follows:

Signature ____________________________
Name in Print _________________________
Title/Designation _____________________
Address ______________________________

**CERTIFICATION OF EMBALMER**

I HEREBY CERTIFY that I have embalmed ______ after having followed all the regulations prescribed by the Department of Health.

Signature ____________________________
Name in Print _________________________
License No. __________________________
Address ______________________________
Issued on ______ at ______
Expiry Date _________________________

Republic of the Philippines ____________
Province of __________________________ S.S.
City/Municipality of __________________

**AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH**

I, __________________________, of legal age, single/married, after being duly sworn to in accordance with law, do hereby depose and say:

1. That __________________________ died on ______ in __________________________ and was buried/cremated on ______.

2. That the deceased was/was not attended to at the time of his death.

3. That the reason for the delay in registering this death was due to __________________________.

(Signature of affiant)
Community Tax No. __________________________
Date Issued __________________________
Place Issued __________________________

SUBSCRIBED AND SWORN to before me this ______ day of ______ , 19____ , at ______, Philippines.

(Signature of Administering Officer) __________________________
Title/Designation __________________________

(Name in Print) __________________________
(Address) __________________________