

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

48

49 50

56

61

62 64

68 69

70 72 74

76 79

81

86 87

88 91

93

94

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. _____
Date Issued _____
Place Issued _____

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)

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)