	icipal Form No. 102 vised January 1993) OFFICE CI	REMARKS/ANNOTATION			
	(Fill (Place X				
	ovince y/Municipality			Registry No.	_
	1. NAME	(First) (Middle)		(Last)	FOR OCRG USE ONLY: Population reference No.
CHILD	2. SEX 3. DATE OF BI			(day) (month) (year)	
	4. PLACE OF (Nam BIRTH Hous	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH b. IF MULTI 1 Single 2 Twin 1 First 3 Triplet. Etc. 1			41 E BIRTH, CHILD WAS 2 Second 3 Others, Specify 48	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)			. WEIGHT AT BIRTH grams	
	6. MAIDEN NAME	(First) (Middle)		(Last)	49 50
М	7. CITIZENSHIP		8.	RELIGION	
O T H E	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:	
R	10. OCCUPATION			11. Age at the time of this birth: yea	
	12. RESIDENCE (H	62 64			
F	13. NAME	(First) (Middle)		(Last)	68 69
A T H	14. CITIZENSHIP			15. RELIGION	70 72 74
E R	16. OCCUPATION			17. Age at the time of this birth: yea	rs
	18. DATE AND PLACE Acknowledgement	of 76 79			
	19a. ATTENDANT 1 Physician 4 Hilot (traditional	81			
	19b. CERTIFICATION I hereby certify tha am/pm on the date stated ab	ock 86 87			

Signature	Address	
Name in Print		
Title or Position	Date	88 91
20. INFORMANT		
Signature	Address	
Name in Print		93
Relationship to the child	Date	
21. PREPARED BY	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	94
Signature	Signature	
Name in Print	Name in Print	
Title or Position Date	Title or Position Date	
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AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PA	ATERNITY	
Well, and		
Well, and parents/parent of the child mentioned in this Certificate of live Birth, do hereby solemnly swear that the and correct to the best of our/my knowledge and belief.	information contained herein are true	
(Signature of Father)	(Signature of Mother)	
Date Issued Date Issued	nity Tax No	
Place Issued Place Iss	sued	
SUBSCRIBED AND SWORN to before me this day of	,	
at	, Philippines.	
(Signature of Administering Officer)	(Title/Designation)	
(Name in Print)	(Address)	
AFFIDAVIT FOR DELAYED REGISTRATION OF BIR (Either the person himself if 18 years old or over, or father/mother/guardian may accomption I,		
1. That I am the applicant for the delayed registration of my birth/of the birth of .		
 That I/he/she was born onat	who resides at	
	·	
 4. That I/he/she is citizen of	at	
not married but was acknowledge 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. _____

Place Issued		
SUBSCRIBED AND SWORN to before me this	day of,, Philippi	nes.
(Signature of Administering Officer)	(Title/Designation)	
(Name in Print)	(Address)	
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