



REPUBLIC OF THE PHILIPPINES  
PHILIPPINE STATISTICS AUTHORITY

*Second Edition*

# Civil Registration and Vital Statistics Handbook for Health Workers





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Second Edition



Republic of the Philippines  
Philippine Statistics Authority

His Excellency  
**PRESIDENT BENIGNO S. AQUINO**



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Philippine Statistics Authority

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## **Civil Registration and Vital Statistics Handbook for Health Workers**

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## Preface

In 2009, a national assessment on the Philippine Civil Registration and Vital Statistics System (CRVSS) was conducted by the National Statistics Office (NSO) in collaboration with the Department of Health (DOH). Under RA 10625 (Reorganizing the Philippine Statistical System) signed into law on 12 September 2013, the NSO is now merged with three other statistical agencies - - the National Statistical Coordination Board (NSCB), Bureau of Labor and Employment Statistics (BLES) and Bureau of Agricultural Statistics (BAS) and now known as the Philippine Statistics Authority (PSA).

The said assessment had two major recommendations, namely: a) capacity building for medical/health officers, hospital administrators and other stakeholders on civil registration and vital statistics; and b) development of guidelines and procedures for private and public hospitals, city/municipal health officers and other institutions. These recommendations led to the preparation of this **Civil Registration and Vital Statistics Handbook for Health Workers** and entailed strengthening the coordination with health workers and other stakeholders. This Handbook is a collaborative effort of the working teams from the PSA and the DOH.

This handbook aims to provide the necessary information that will guide and enhance the skills of city/municipal civil registrars, health workers and other stakeholders in

facilitating the registration of births, deaths and fetal deaths. This Handbook contains the concepts, definitions and specific instructions in the proper accomplishment of birth, death and fetal death certificates.

This second edition contains additional information on the revised Implementing Rules and Regulations of Republic Act 9255 (*An Act Allowing Illegitimate Child to Use the Surname of the Father*).

A chapter on the uses and importance of vital statistics is included to inform the users of this Handbook on how the data derived from the certificates are utilized. It also contains some basic formulas to compute important indicators for the analysis of the data on births and deaths. These indicators are useful for health planners in their planning, decision making and in determining health priorities of the Filipino people.

City/Municipal Civil Registrars, health workers and other stakeholders are encouraged to make use of this Handbook.



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## DEFINITION OF TERMS

**Affidavit** is a statement or narration of facts executed by a person and subscribed and sworn to before a notary public.

**Age at death** during the first day of life (day zero) should be recorded in units of completed minutes or hours of life. For the second day (day 1), third day (day 2) and through 27 completed days of life, age at death should be recorded in days.

**Antecedent cause of death** refers to morbid conditions which give rise to the immediate cause of death.

**Autopsy** is a post mortem examination of the body of a person to determine the cause of death or the nature of any pathological changes that may have contributed to the death.

**Birth weight** is the first weight of the fetus or newborn obtained after birth. For live births, birth weight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred.

**Certification** is the act of attesting to the correctness of the information contained in a document.

**Citizenship** is the status that entitles a person to the rights and privileges of a subject of a chosen country. Citizenship is acquired by birth, by naturalization or by election.

## Definition of Terms

**Civil registers** are books where the local civil registrar records the acts, events and judicial decrees concerning the civil status of persons.

**Civil Registrar General** is the national official in charged with the implementation and enforcement of the Civil Registry Law. As provided for by law, the National Statistician of the Philippine Statistics Authority is the Civil Registrar General.

**Civil registry number** is the number assigned by the Local Civil Registrar (LCR) to a document presented for registration.

**Delayed registration** refers to the registration of an event beyond the reglementary period as specified in existing laws, rules and regulations.

**Direct obstetric deaths** are deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment, or from chain of events resulting from any of the above.

**Filiation** is the status of a child in relation to his parents.

**Gestational age** is the duration of gestation measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks.

**Immediate cause of death** is the cause directly leading to death.

**Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs)** refer to a group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed and utilized such territories, sharing common bonds of language, customs, traditions and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and cultures, became historically differentiated from the majority of the Filipinos.

**Indirect obstetric deaths** are deaths resulting from previous existing disease or disease that developed during pregnancy and which was not due to direct obstetric causes, but which was aggravated by physiologic effects of pregnancy.

**Late maternal death** is the death of a woman from direct or indirect obstetric causes more than 42 days but less than one year after termination of pregnancy.

**Legitimation** is the process by which a natural child is granted by law the status of being legitimate, by legal fiction and upon compliance of certain requirements.

**Local Civil Registrar** is the official in-charge with the duty of implementing or enforcing the provisions of the Civil Registry Law and its implementing rules and regulations in the city or municipality.

## Definition of Terms

**Maternal death** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

**Multiple birth** is a type of birth wherein a woman delivered more than one child from one pregnancy.

**Municipal Form No. 102 (Certification of Live Birth)** is the prescribed form being used for the declaration of facts and circumstances surrounding the birth of a person for purposes of registration.

**Municipal Form No. 103 (Certification of Death)** is the prescribed form being used for the declaration of facts and circumstances surrounding the death of a person for purposes of registration.

**Municipal Form No. 103A (Certification of Fetal Death)** is the prescribed form being used for the declaration of facts and circumstances surrounding the death of a fetus for purposes of registration.

**Neonatal period** commences at birth and ends at 28 completed days after birth. Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first seven days of life, and late neonatal deaths, occurring after the seventh day but before 28 completed days of life.

**Place of registration** is the city/municipality where the event is to be registered. Generally, it is the office of the Local Civil Registrar of the place of occurrence.

**Reglementary period** is the prescribed period within which an event should be registered.

**Post Term** is 42 completed weeks or more (294 days or more) of gestation.

**Pregnancy-related death** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

**Pre-term** is less than 37 completed weeks (less than 29 days) of gestation.

**Term** is from 37 completed weeks to less than 42 weeks (29 to 239 days) of gestation.

**Underlying cause of death** is the disease or an injury which initiated the train of morbid events leading to a death.

**Vital statistics** are statistics referring to births, deaths and marriages.

## LIST OF ACRONYMS

COD	-	Certificate of Death
COFD	-	Certificate of Fetal Death
COLB	-	Certificate of Live Birth
C/MCR	-	City/Municipal Civil Registrar
C/MHO	-	City/Municipal Health Officer
CRG	-	Civil Registrar General
CRVS	-	Civil Registration and Vital Statistics
CRVSS	-	Civil Registration and Vital Statistics System
DOH	-	Department of Health
ICC	-	Indigenous Cultural Communities
ICD-10	-	International Classification of Diseases version 10
IP	-	Indigenous People
LCR	-	Local Civil Registrar
LCRO	-	Local Civil Registry Office
NSO	-	National Statistics Office
OCRG	-	Office of the Civil Registrar General
PSA	-	Philippine Statistics Authority
WHO	-	World Health Organization



# CHAPTER I - CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM

## I.1 WHAT IS CIVIL REGISTRATION SYSTEM?

**Civil registration system** refers to the entire administration which includes all institutional, legal, technical settings needed to perform the civil registration functions in a technical, sound, coordinated and standardized manner throughout the country, taking into account cultural and social circumstances particular to the country. The registration functions include: recording vital events; storing, safe keeping and retrieval of vital records; protection of confidentiality certificate issuing and other customer services; recording and reporting information on vital events for statistical purposes; providing reliable and timely information and data to other government agencies; population registers; pension fund systems, electoral services; personal identification services; and research institutions.<sup>1</sup>



## I.2 WHAT IS CIVIL REGISTRATION?

**Civil registration** is the **continuous, permanent, compulsory and universal recording** of the occurrence and characteristics of vital events pertaining to the population as provided

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<sup>1</sup> Handbook on Civil Registration and Vital Statistics System: Management, Operation and Maintenance (United Nations publication, Sales No E.98 VXII 11), par 23.

through decree or regulation in accordance with the legal requirements of each country. Civil registration is carried out primarily for the purpose of establishing the legal documents provided by law. These records are also the best source of vital statistics. The occurrences considered as vital events are live birth, death, fetal death, marriage, divorce, annulment of marriage, judicial separation of marriage, adoption, legitimation and recognition.<sup>2</sup>

  
**Civil  
registration  
is the  
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permanent,  
compulsory  
and  
universal  
recording**  


### 1.3 WHAT IS VITAL STATISTICS SYSTEM?

**Vital statistics system** is the total process of (a) collecting by registration, enumeration or indirect estimation of information on the frequency of occurrence of certain vital events, as well as relevant characteristics of the events themselves and of the person(s) concerned, and (b) compiling, analyzing, evaluating, presenting and disseminating those data in statistical form.<sup>3</sup> One of the basic premises of a vital statistics system is that every event should be reported for statistical purposes for all geographic areas and all population subgroups, and the data and their analysis need to be disseminated to be useful. Unless the data are

<sup>2</sup> United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3 draft, April 2013

<sup>3</sup> Handbook of Vital Statistics Systems and Methods, vol. 1, Legal, Organizational and Technical Aspects, Studies in Methods, Series F, No. 35 (United Nations publication, Sales No. E91.XVII.5), pars 122-145.

available to the public, its willingness to support the system cannot be expected.

### **I.4 WHAT ARE THE IMPORTANCE AND USES OF CIVIL REGISTRY DOCUMENTS**

Civil registration is an ideal source of statistics on important demographic processes such as fertility, mortality and nuptiality, which in turn, are the basic information needed for monitoring population growth. While there are other sources of these data, like population censuses and demographic sample surveys, the statistical advantages of a comprehensive civil registration system over these other sources are as follows:

- a) Civil registration generates records which are relatively free from certain types of response errors and are not subject to sampling error;
- b) It provides statistical data for planning, administrative and research at geographic or administrative levels that are not readily available from other sources;
- c) It provides data continuously;
- d) It is relatively inexpensive because these statistics are a by-product of an administrative process; and
- e) It provides an inventory of events which can be evaluated against other records such as census data, and can also be used as basis for more intensive studies on fertility, mortality and morbidity.

From the point of view of government and private agencies, civil registration is important in generating indicators useful in the formulation of health programmes, such as those on maternal and child health care and other health programmes such as vaccination and immunization for specific subgroups of the population.

Each type of registrable document serves a specific purpose to individual and society.



**Birth record** or **birth certificate** is a source of vital information and provides legal proof of the identity of an individual. It can be used for the following purposes:

- Proves the facts of his/her birth as regards to parentage which allows them to trace ancestry
- Establishes identity and claim inheritance and rights due to legal dependency
- The date of birth shown in the birth certificate establishes his/her age and rights to privileges accruing by virtue of meeting the required age qualifications such as the privilege to enter school, to vote, to enter the civil service, to contract marriage, to qualify for professional licenses, to drive motor vehicles, to carry firearms, to claim pension benefits and so on.

Parents can claim tax exemptions provided by law upon presentation of birth certificates of their children.

- Place of birth, on the other hand, establishes one's citizenship for obtaining passport, provide basis for

immigration and naturalization claims, allows one to obtain exemptions from alien restrictions or, if an alien, allows him to obtain exemptions from tax or military service in the country.



**Death record or death certificate** is a prerequisite for burial in the Philippines. Apart from this, it:

- Provides legal evidence in claims of inheritance, pensions, insurance benefits and settlement of a deceased person's estate.
- Exempts the heirs from specific types of taxes at a certain date and establishes a widowed person's right to a second or subsequent marriage.

Collectively, death certificates provide the indicators of existing infectious diseases and epidemics that need immediate control measures. They serve as the basis for designing programs that promote public safety and strategies that help the prevention and eradication of certain types of diseases. In addition, they serve administrative purposes, specifically, in the clearing of files like disease-case registers, social security, military services files, electoral rolls and tax registers.

### **1.5 What Are The Laws That Governs Civil Registration?**

Civil registration in the Philippines was made compulsory with the enactment of the Civil Registry Law (Act No. 3753) approved on November 26, 1930 and which took effect on Feb. 27, 1931.

#### **1.5.1 THE CIVIL REGISTRY LAW (ACT NO. 3753)**

**Act No. 3753  
CA 591  
RA 10625  
PD 856  
RA 9858**

Act 3753 mandates the registration of all facts and acts concerning the civil status of persons from birth to death including the changes in civil status taking place therein in appropriate civil registry books.

#### **1.5.2 COMMONWEALTH ACT 591 IN 1940 (AN ACT TO CREATE A BUREAU OF CENSUS AND STATISTICS TO CONSOLIDATE STATISTICAL ACTIVITIES OF THE GOVERNMENT THEREIN)**

One of the functions given to the newly created bureau was to “carry out and administer the provisions of Act No. 3753”. Thus, the functions of the Division of Archives of the National Library as well as those of the vital statistics of the Bureau of Health were transferred to the Bureau of Census and Statistics. The Director of the Bureau of the Census and Statistics then became the ex-officio Civil Registrar General.

**I.5.3 PRESIDENTIAL DECREE NO. 856 (CODE OF  
SANITATION OF THE PHILIPPINES APPROVED ON  
DECEMBER 23, 1975)**

The burial of remains is subject to the following requirements: a) No remains shall be buried without a death certificate. This certificate shall be issued by the attending physicians. If there has been no physician in attendance, it shall be issued by the mayor, the secretary of the municipality where the death occurred. The death certificate shall be forwarded to the Local Civil Registrar within 48 hours after death. (Sec. 91)

**I.5.4. REPUBLIC ACT NO. 9858 (AN ACT PROVIDING FOR  
THE LEGITIMATION OF CHILDREN BORN TO  
PARENTS BELOW MARRYING AGE, AMENDING FOR  
THE PURPOSE OF FAMILY CODE OF THE  
PHILIPPINES, AS AMENDED)**

Section 1, Article 177 of Executive Order No. 209, otherwise known as the “Family Code of the Philippines”, as amended, is hereby further amended to read as follows: “Children conceived and born outside of wedlock of parents who, at the time of conception of the former, were not disqualified by any impediment to marry each other, or were so disqualified only because either or both of them were below eighteen (18) years of age, may be legitimated.” And “Article 178. Legitimation shall take place by a subsequent valid marriage between parents.

The annulment of a voidable marriage shall not affect the legitimation.”

### **I.5.5 REPUBLIC ACT NO. 10625 (THE PHILIPPINE STATISTICAL ACT)**

Article 6 (e) of RA 10625 mandates the PSA to carry out, enforce and administer civil registration functions in the country as provided for in Act No. 3753, the Law on Registry of Civil Status.

In terms of the system’s structure, the Philippines present a robust mechanism, with its legally defined operational and administrative setup, from the municipality, where the unit of vital registration is fixed to the central depository of vital documents at the PSA.

Under Section 2 of Act No. 3753, the Civil Registrar General is empowered to prepare and issue implementing rules and regulations of laws on civil registration. These rules and regulations provide standard procedures which every LCRO in the country should strictly follow in registering all vital events, court decrees and legal instruments. The CRG also prescribes the uniform and standard registration forms and prepares manual of instructions on the proper accomplishments of these forms.

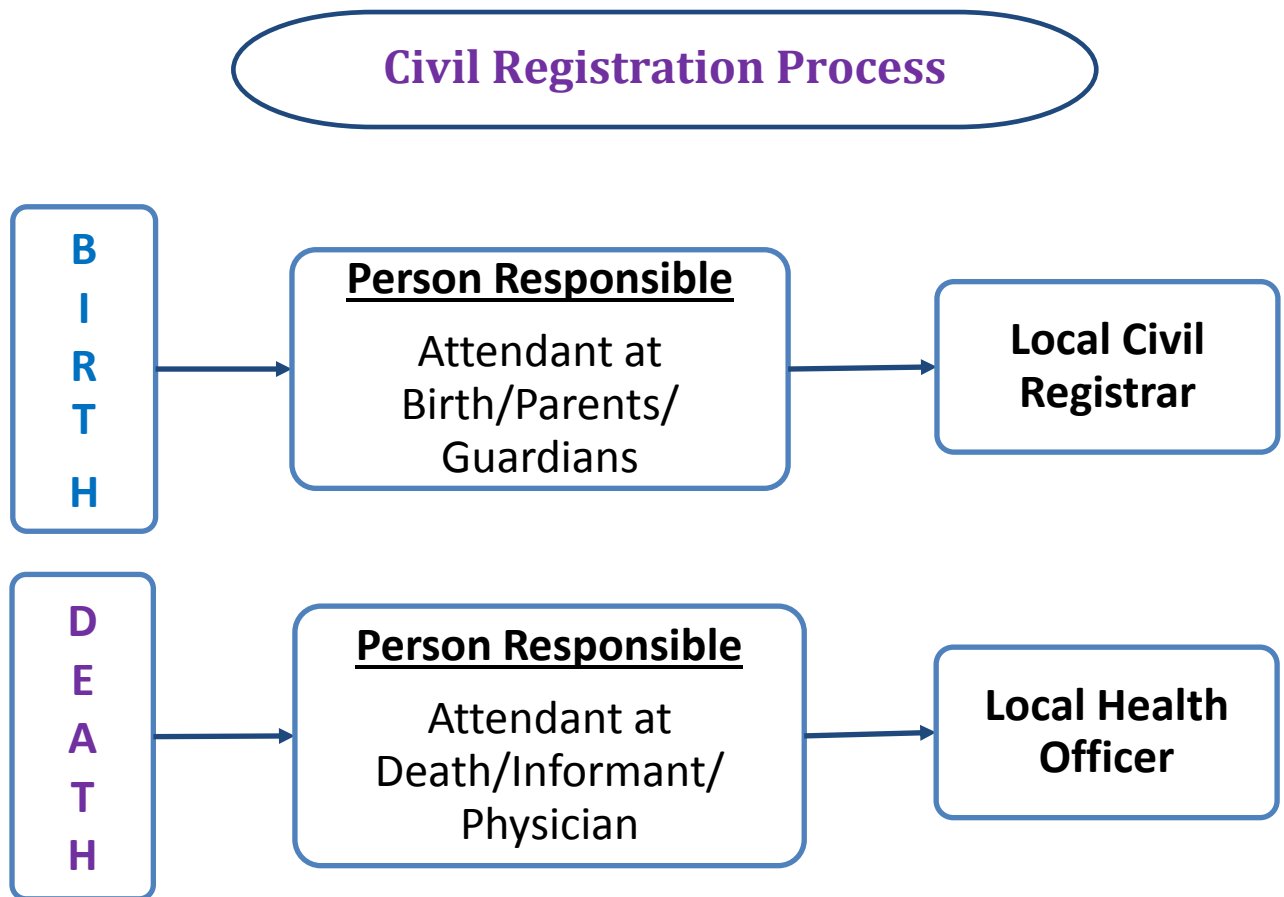


## 1.6 What Is Civil Registration Procedure?

Civil registration process is a system of registering the vital events, from the time the event occurred up to the registration of the event.

**Registration** of an event involves an **informant**, a **prescribed certificate or form** to declare the facts and circumstances surrounding its occurrence, a **place of registration**, a **registrar** and a **register**. The act of recording vital events is called **vital registration**. The **document** is said to be **registered**, once it is **entered in the registry book** and a **register number** has been assigned by the Local Civil Registrar.

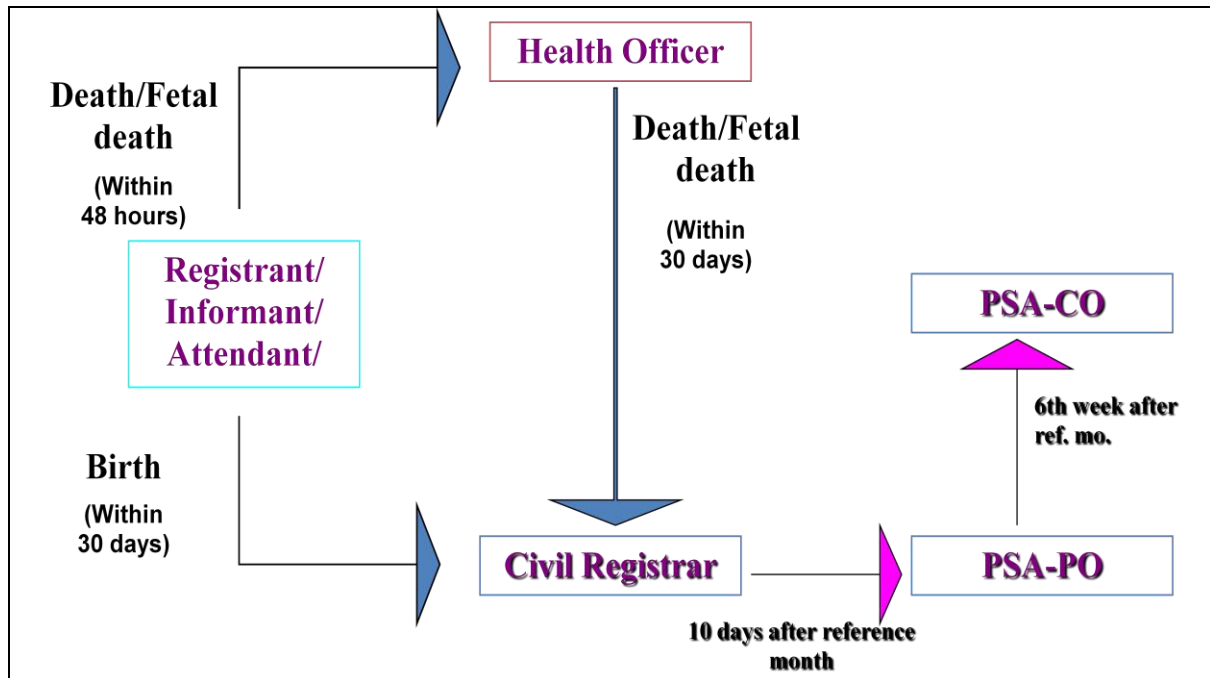
**Registration** must be done **promptly within the reglementary period** and in accordance with the requisites specified by existing laws. Any declaration of vital event filed or presented for registration **beyond the reglementary period shall be deemed delayed, and must undergo delayed registration procedures** (See Chapter IV). Consequently, whenever a certified transcript or copy of the same is issued, the words “**Late Registration**” should be written in the upper right hand corner of the certificate.



### 1.7 WHAT IS THE FLOW OF SUBMISSION OF CIVIL REGISTRY DOCUMENTS?

When a vital event occurs, the event shall be reported by the persons responsible within 30 days from the time of the occurrence to the City/Municipal Registrar (C/MCR). The civil registrar registers the event, and compiles all the registered vital events on a monthly basis, and submits it to the PSA Provincial Office (PSA-PO) within 10 days following the month of registration. The PSA-PO compiles the reports of all cities/municipalities within its jurisdiction and submits the same to the Civil Registration Service, PSA-CO within sixty days after the reference month.

## Flow of Submission of Civil Registry Documents



## CHAPTER II – BIRTH REGISTRATION

Birth registration is the permanent and official recording of a child's existence. As a legal document, a birth certificate serves to define and protect a person's human and civil rights in society.

### **Article 7 of the Convention on the Rights of the Child states that:**

**.... the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his/her parents.**

### **2.1 WHAT TO REGISTER?**

All those born alive shall be registered as qualified by the following definition:

**Live birth** is the complete expulsion or extraction of a product of conception from its mother irrespective of the duration of the pregnancy, which after such separation, breathes or shows any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is



attached- each product of such a birth is considered live born.<sup>4</sup>

Birth determines personality but the conceived child shall be considered born for all purposes that are favorable to it, provided it is born later with the conditions specified in the following article. (29a).

A **fetus** with an intra-uterine life of **seven (7) months or more and born alive** at the time it was completely delivered from the maternal womb **but died later** shall be considered as **live birth** and shall be registered in the Register of Births. (Rule 18 pars 1 & 2 of Act 3753)

However, if the **fetus** had an intra-uterine life of **less than seven months**, it is **not deemed born if it dies within twenty four hours** after its complete delivery from the maternal womb (Article 41, RA 386). For statistical purposes, COLB and COD shall be prepared.

Below is a guide on when to accomplish COLB or COD for fetus born alive but died later.

<b>With intrauterine life</b>	<b>Fetus lived less than 24 hours</b>	<b>Fetus lived more than 24 hours</b>	<b>Remarks</b>
Less than seven (7) months	/		Accomplish COLB and COD with remarks "For statistical purposes"

<sup>4</sup> United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3, 2014, Chapter 1, page 3.

With intrauterine life	Fetus lived less than 24 hours	Fetus lived more than 24 hours	Remarks
Less than seven (7) months		/	Accomplish COLB and COD and register
Seven (7) months or more	/	/	Accomplish COLB and COD and register



### 2.2 WHO IS RESPONSIBLE IN REPORTING THE EVENT AND PREPARING THE COLB?



Birth may occur in a hospital, clinic, at home, or in a vehicle on a trip. The hospital/clinic administrator is responsible in causing the registration of such birth occurring in the hospital or clinic. However, it shall be the attendant at birth who shall certify the facts of birth.

Physicians, nurses, midwives and “hilots” or anybody who attended to the delivery of the child outside hospitals and clinics shall be responsible both in certifying the facts of birth and causing the registration of such birth. (Rule 21 (2) of AO 1 Series of 1993)

When the **birth occurs aboard a vehicle, vessel or airplane while in transit**, the registration of said birth shall be a **joint responsibility** of the driver, captain or pilot and the parents, as the case may be.

For **unattended births**, the **parent's or any knowledgeable person** has the responsibility to cause the registration of the birth to the LCRO.

Place of Occurrence	Who will report/prepare COLB
<p><b>When born in hospital, clinic....</b></p> 	<p>The <b>Administrator</b> of the hospital, clinic, or similar institution is responsible in <b>preparing</b> the COLB of the child.</p> <p>The <b>attendant at birth</b> is responsible in certifying the facts of birth.</p> <p>The <b>Administrator</b> of the hospital, clinic, or similar institution is responsible in causing the registration of birth to the Local Civil Registrars Office.</p>
<p><b>When born outside the hospital, clinic or at home ....</b></p> 	<p>The <b>physician, nurses, midwives, and "hilots" or any person</b> who attended the delivery of the child <u>outside the hospital or clinics</u> shall be responsible both in <b>certifying the facts of birth</b> and causing the registration of birth to the Local Civil Registrars Office.</p> <p>For <u>unattended births</u>, the <b>parents or any responsible person</b> has the duty to cause the registration of the birth to the Local Civil Registrars Office. The Civil Registrar or his authorized staff shall</p>

	prepare the COLB.
<p><b><u>While on travel...</u></b></p> 	<p>The bus driver or taxi driver, captain or pilot and the parents have the joint responsibility in causing the registration of birth to the LCRO.</p> 

### 2.3 WHEN AND WHERE TO REGISTER?

As a general rule, the birth of a child shall be registered **within 30 days** from the time of birth in the **Office of the Local Civil Registrar** of the place where it occurred. (Rule 8 (1), AO No.1, as amended series of 1983)



#### SPECIAL CASES

**Case 1.** If the child was born **in a vehicle, vessel or airplane in transit within** the Philippine territory, the registration shall be made in the Office of Local Civil Registrar of the **place of destination**, or at the **place of residence of the mother**, if a



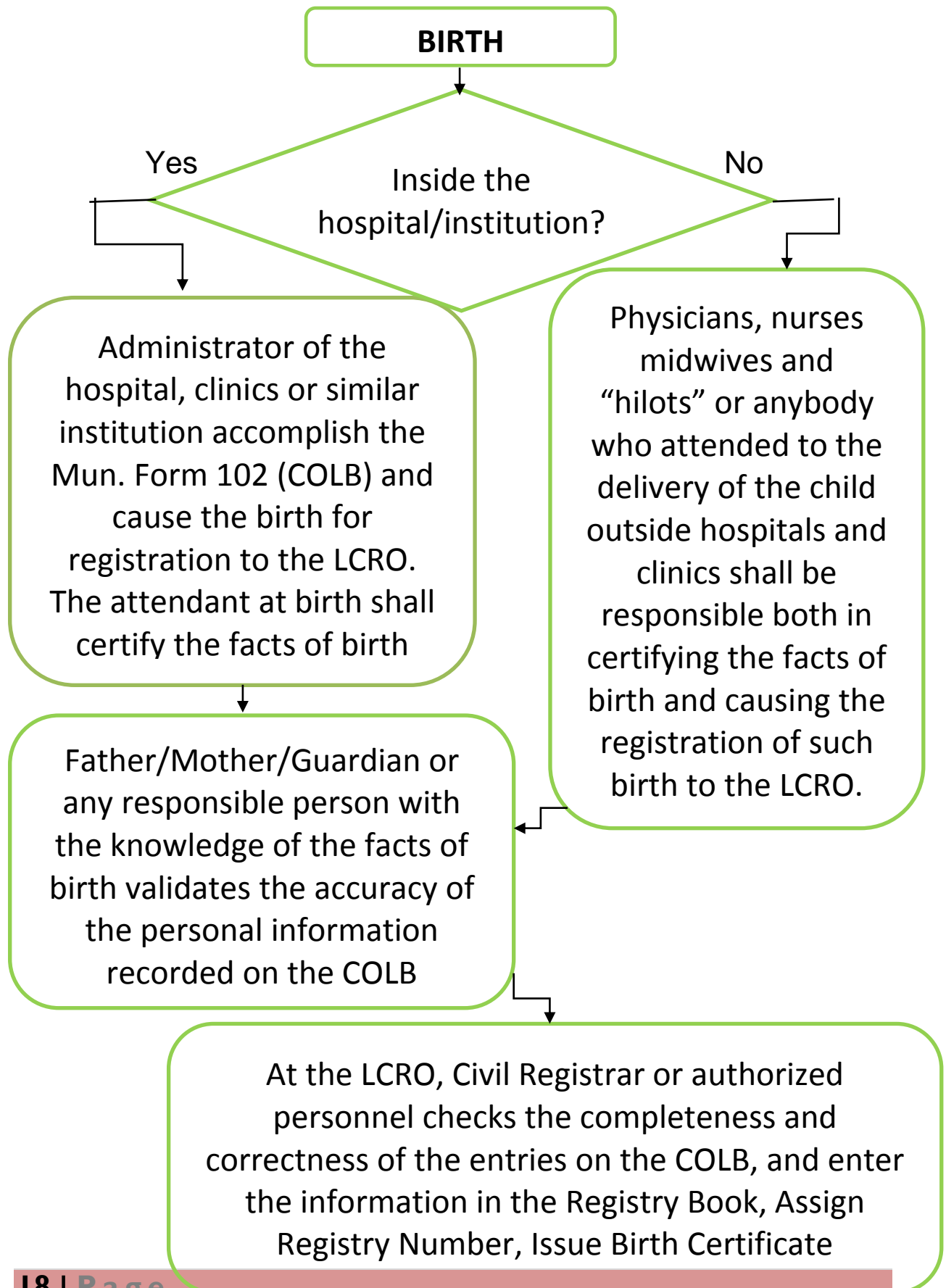
resident of the Philippines. (Rule 8 (2), AO No.1, as amended series of 1983, Rule 19a in AO No. 1 Series of 1993)

**Case 2.** En route to the Philippines and the mother is a resident of the Philippines, and if either the mother or father or both parents are citizens of the Philippines, the birth shall be recorded in the city or municipality where the mother habitually resides. (Rule 19b in AO No. 1 Series of 1993)

**Case 3.** When the parents are both foreigners but not residents of the Philippines, the birth may be recorded in the civil register of Manila, if they so desire. (Rule 19b in AO No. 1 Series of 1993)

**Case 4.** En route to another country from the Philippines or from any country and the mother or father or both parents are citizens of the Philippines, the birth shall be recorded in the Philippine Consulate of the country of the mother's destination. (Rule 19c in AO No. 1 Series of 1993)

### Process Flow of Registration of Birth



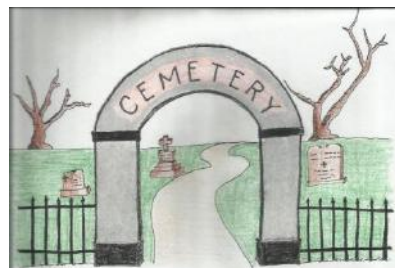
## CHAPTER III – DEATH REGISTRATION

**Death registration** is the permanent and official recording of a person's death.

### 3.1 WHAT TO REGISTER?

All persons who died shall be registered as qualified by the following definition:

**Death** refers to the permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation).<sup>5</sup>



**No human body** shall be **buried** unless the proper death certificate has been presented and recorded in the Office of the LCR. (Act 3753, Section 6, Circular No. 4, Series of 1973, April 6, 1973 (3))

**NOTE:** Body parts surgically removed, e.g. amputated foot due to diabetes mellitus or accidental chopping off the hand of a machinist because of a technical machine problem, are not considered as death of a person. Hence, document containing such body parts should not be registered since these are for burial purposes only. (MC No. 2004-06

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<sup>5</sup> United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3, 2014, Chapter 1, page 3

## Chapter III– Death Registration

“Issuance of Certificate of Death for the Burial of Amputated Part of a Human Body”.)

**Fetal death** is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscle.<sup>6</sup>

### 3.2 WHO IS RESPONSIBLE IN REPORTING THE EVENT AND PREPARING THE COD/COFD?

It shall be the responsibility of **the physician who last attended the deceased or the administrator of the hospital or clinic where the person died to prepare the certificate of death** (Mun. Form 103) and to **certify as to the cause of death**. The death certificate shall be forwarded within 48 hours after death to the Local Health Officer who shall examine the documents for completeness of entry, affix his/her signature in the appropriate box of the certificate and direct its registration at the Office of the Local Civil Registrar of the place of death.

The responsibility of certifying the cause of death and fetal death devolves upon the Local Health Officer in the absence

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<sup>6</sup> United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3, 2014, Chapter 1, page 3

of medical attendance of the deceased. **In all cases of death or fetal death, even with medical attendance, the death or fetal death certificate must be reviewed and signed, in any vacant space below the certificate, by the Local Health Officer before it shall be accepted for registration.** (Circular No. 4, Series of 1973, April 6, 1973 (3) – Health Officer's responsibility on accurate complete Medical Certification on Cause of Death)

### **SPECIAL CASES**

**Case 1.** If the **deceased was not attended by any medical personnel**, it shall be the **responsibility of the nearest relative** or the **person who has knowledge of the death to report** the same within 48 hours after death to the **Local Health Officer or his authorized representative**, who shall **examine** the deceased, **prepare** the certificate of death and **certify** as to the cause of death and **direct** its registration at the Office of the Local Civil Registrar.

**Case 2.** Where **death occurs in a vehicle/vessel/airplane, the driver/ship captain/pilot**, as the case maybe, shall **report** such death to the concerned **Local Health Officer or his authorized representative**, who shall **examine** the deceased, **prepare** the certificate of death **and certify** as to the cause of death and direct its registration at the Office of the Local Civil Registrar.

**Case 3.** In accidents where there are **no survivors**, it is the responsibility of the **owner** of the **vehicle/vessel/airplane** to make the **report** of death to the concerned **Local Health**

### Chapter III– Death Registration

**Officer or his authorized representative**, who shall **examine** the deceased, **prepare** the certificate of death and certify as to the cause of death and **direct** its registration at the Office of the Local Civil Registrar.

In the **absence of a health officer** or his/her **authorized representative** in the place of registration, or when it is a non-working day and the health officer or his/her authorized representative is not expected to be in his/her office, the death should be **reported** within 48 hours after its occurrence by the **nearest kin of the deceased or by any person** having knowledge of the death **to the mayor, or to any member of the Sangguniang Bayan, or to the municipal secretary**, who shall **issue** the Certificate of Death for burial purposes.

The **mayor, any member of the Sangguniang Bayan or the municipal secretary**, as the case may be, shall **sign the medical certification** portion of the Certificate of Death, and the same shall be accepted for registration by the Civil Registrar, provided that the Certificate of Death and the Register of Deaths shall carry a remark that the registration was made pursuant to Section 91 of P.D. No. 856.

The requirement for a death certificate before burial may be waived in the case of special circumstances when the death certificate cannot be issued in time. This includes but not limited to:

- The person died from a dangerous communicable disease and must be buried within 12 hours;

- The family members of the deceased have requested immediate cremation without embalming for viewing;
- The kin opt immediate burial;
- Religious beliefs or tradition, such as Islam or the Jewish calls for burial within 12 hours after death.

In these cases, death certificate issuance shall be completed within 12 hours after burial and sanction shall be imposed by the Local Health Authority. (AO No. 2010-0033 the Revised IRR of PD 856, Chapter XXI “Disposal of Dead Persons” issued by DOH).

### OUT-OF-TOWN REPORTING OF DEATH

When registration is not possible **due to peace and order problems** in the place of death and the Certificate of Death was presented to the **Local Civil Registrar of the city/municipality other than the place of death**, it shall be **accepted by the LCR not for registration but to be forwarded to the LCR of the city/municipality**, where the death occurred, for registration. If there was no COD issued for the deceased from the place of death, the LHO of the receiving LCRO shall cause and direct the registration of the death by issuing the COD, if the deceased is a civilian. If the deceased is a member of the Armed Forces of the Philippines and the cause of death is related to military operations, the COD shall be issued by the military physician. (Rule 35 AO 1 Series of 1993)

## Chapter III– Death Registration

The Local Health Officer shall have the authority to issue the necessary burial or transfer permit of the deceased.

### 3.3 WHEN AND WHERE TO REGISTER?

**Death** shall be **registered within 30 days** from the time of death in the **Office of the Local Civil Registrar** of the **place of occurrence**.

#### SPECIAL CASES



**Case 1.** When **death of a person occurred in a vehicle, airplane or vessel while in transit** within the jurisdiction of the Philippines and **where the exact place of death could not be determined**, registration shall be made in the Office of the Local Civil Registrar of the **place of burial/cremation in the Philippines**. (Rule 32(2) of Administrative Order No. 1, Series of 1993)

A certificate of death shall be issued by the health officer of the place of burial/cremation and shall be registered in the LCRO of the said city/municipality.

**Case 2.** The **death of a Filipino aboard a vessel in the high seas** shall be registered in the Office of the Local Civil Registrar of the **place of burial in the Philippines**. However, if the person was buried or drowned in the high seas or the **body is not recovered**, registration shall be made in the Office of the Local Civil Registrar of the **last known address** of



the deceased in the Philippines. (Rule 32(6 and 7) of AO 1 series of 1993)

**Case 3. A death of a person occurred in a vehicular accident, airplane crash, or shipwreck while in transit within the Philippine territory.**

The certificate of death shall be issued by the health officer of the place of burial/cremation and shall be registered in the LCRO of the said city/municipality. (Rule 32 (5) of AO 1 series of 1993)

**NOTE: If the place of burial/cremation is outside the Philippines, the death shall be registered in the LCRO of Manila.**

**Case 4. A person dies aboard a vessel or airplane en route to the Philippines**

The death shall be registered with the LCRO of the city/municipality where the person habitually resides before his/her death, if he was a resident of the Philippines. (Rule 32 (3) of AO 1 series of 1993)

**Case 5. For mass death due to natural calamities, accidents, epidemic, etc.**

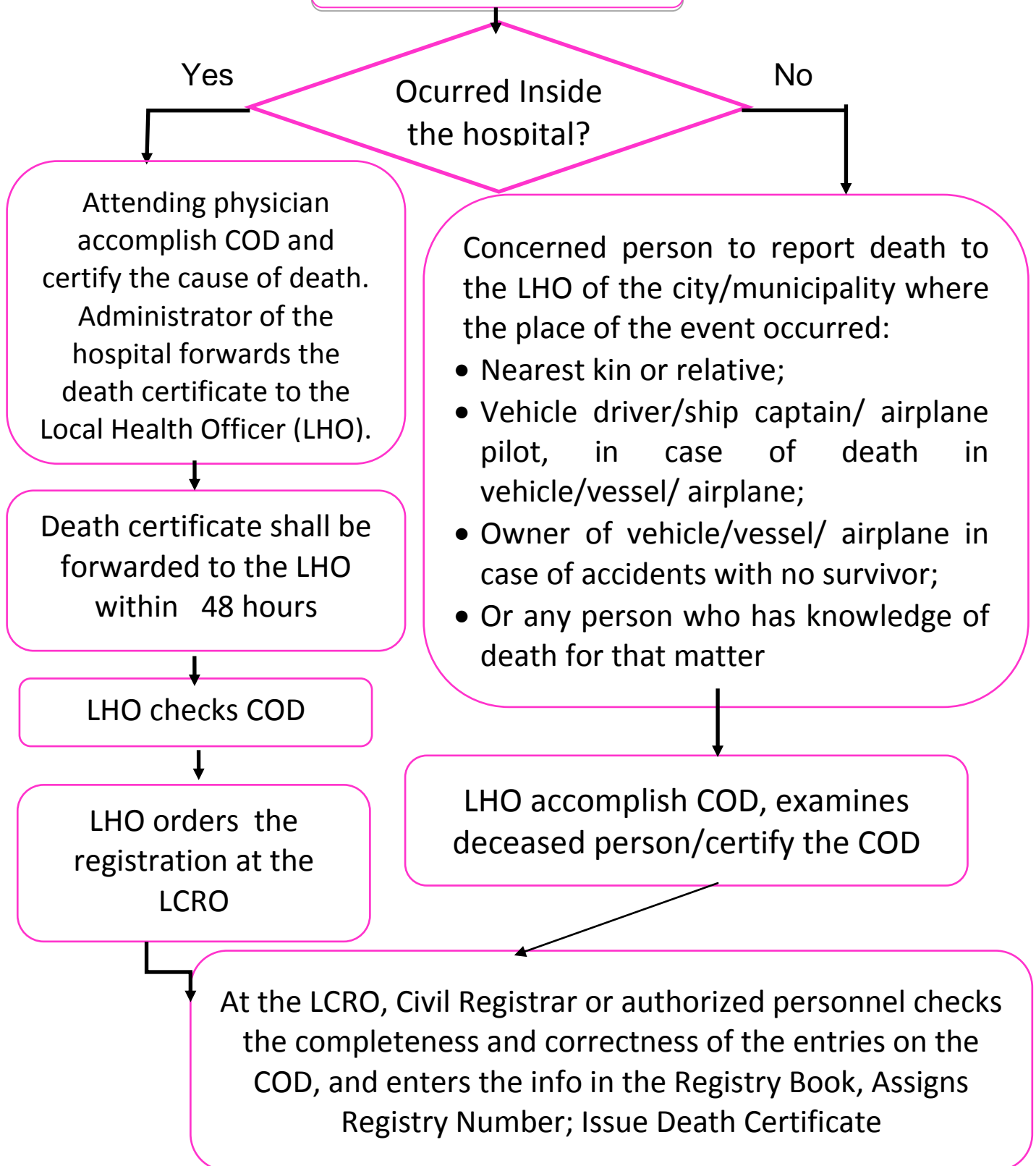
The local health officer upon submission of an Affidavit of two disinterested persons, in the exercise of his wise discretion, may issue and cause the registration of death

## Chapter III– Death Registration

certificate bearing an annotation “Body Not Identified”. The Affidavit must contain the following information:

- a) Sex of the deceased;
- b) Estimated age;
- c) Distinguishing features;
- d) Condition of the body when found;
- e) Date when the body was found;
- f) Place where the body was found; and
- g) Circumstances surrounding the death. (Rule 36 of AO 1 Series of 1993)

### DEATH/FETAL DEATH



## **CHAPTER IV - DELAYED REGISTRATION OF VITAL EVENTS**

All vital events reported for registration after the reglementary period shall be deemed delayed and must undergo delayed registration procedures.

### **4.1 DELAYED REGISTRATION OF BIRTH**

In general, the following requirements have to be complied with:

- a) duly accomplished pertinent documents or certificates;  
and
- b) affidavit executed by the party stating the facts and circumstances surrounding the occurrence of the event and the reason or cause of the delay.

The form of the affidavit is printed at the back side of Municipal Form 102 for birth certificate and Municipal Form 103 for death certificate. The affidavit shall be sworn to before the Local Civil Registrar.

If non-registration was due to the fault of the hospital, clinic administrator or local health officer, the aforesaid authorities shall execute the affidavit.

In **all cases of delayed registration**, whether birth or death, the LCR shall post a notice of the application for delayed registration for 10 days. If after 10 days, no one opposes the registration, the LCR shall examine the documents and if convinced that the event has not been registered and is within his jurisdiction he shall register the same. Whenever an opposition is filed against its registration, the LCR shall investigate and forward his findings and recommendations to the Office of the Civil Registrar General for appropriate action.

The requirements for delayed registration of births are as follows:

- a) if the person is less than 18 years old:
  - i. four copies of the COLB duly accomplished and signed by the proper parties;
  - ii. accomplished Affidavit for delayed registration at the back of the COLB by the father, mother or guardian declaring therein, among other things the following:
    - name of child;
    - date and place of birth;
    - name of the father if the child is illegitimate and has been acknowledged by him;
    - if legitimate, the date and place of marriage of parents; and
    - reason for not registering the birth within thirty days after the date of birth

## Chapter IV– Delayed Registration of Vital Events

In case the party seeking late registration of the birth of an illegitimate child is not the mother, the party shall, in addition to the foregoing facts, declare in a sworn statement the present whereabouts of the mother as follows:

- i. any two of the following documentary evidences which may show the name of the child, date and place of birth, and name of mother (and name of father, if the child has been acknowledged);
    - baptismal certificate;
    - school records (nursery, kindergarten, or preparatory);
    - income tax returns of parent/s;
    - insurance policy; medical records; and
    - others, such as barangay captain's certification
  - ii. affidavit of two disinterested persons who might have witnessed or known the birth of the child.
- b) if the person is eighteen years old or above, he/she shall apply for late registration of his/her birth and the requirements shall be:
- i. all the requirements for a child who is less than 18 years old; and
  - ii. certificate of marriage, if married.

If the registrant is out of the country, his/her duly authorized representative may execute the affidavit.

## **4.2 DELAYED REGISTRATION OF DEATH**

No delayed report of death shall be accepted for registration unless the following procedures and requirements are observed and complied with by the concerned parties:

- a) four copies of Certificate of Death which must be accomplished correctly and completely
- b) affidavit for delayed registration which shall be executed by the hospital/clinic administrator if the person died in a hospital, clinic or similar institution, or if the person died elsewhere, by the attendant at death. In default of the hospital/clinic administrator or attendant at death, the affidavit shall be executed by any of the nearest relative of the deceased, or by any person having legal charge of the deceased when he was still alive;
- c) the affidavit referred to in (b) shall state among other things, the name of the deceased, the facts of his death, the date and place of burial or cremation, and the circumstances why the death was not reported for registration within thirty days after death;
- d) authenticated copy of the certificate of burial, cremation or of other means of corpse disposal; and approval for registration by the health officer in the box provided in the Certificate of Death.

## CHAPTER V - GENERAL INSTRUCTIONS IN ACCOMPLISHING THE CIVIL REGISTRY FORMS

The civil registry forms are divided into two parts:

- legal portion contains the items on the facts of occurrence of the event including the remarks portion
- statistical portion consists of the codes, which are entered in the appropriate code boxes by the C/MCR. The codes are derived from the information in the legal portion.

**NOTE:** In case of Filipino Muslims or Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs), the civil registry forms are required to have an attachment, which shall constitute the facts of occurrence of the event. The civil registry form and the attachments shall be permanently kept together.

### 5.1 FORMS TO BE ACCOMPLISHED REGISTER?

The forms to be filled-up are as follows:

- i. Municipal Form No. 102 - Certificate of Live Birth (COLB)
- ii. Municipal Form No. 103 - Certificate of Death (COD)
- iii. Municipal Form No. 103A - Certificate of Fetal Death (COFD)



Additional civil registry forms to be accomplished and should be attached to the main forms are as follows:

- a. Municipal Form No. 102 Attachment for Muslim Birth
- b. Municipal Form No. 103 Attachment for Muslim Death
- c. IP Form No. 1 – Attachment for birth of IPs
- d. IP Form No. 2 - Attachment for death of Ips

### 5.2 NUMBER OF COPIES

The number of copies to be accomplished and the eventual distribution of registered certificates together with the attachments vary and these are shown below.

Form	Number of Copies	Distribution of Copies			
		Registrant	Civil Registrar General	Civil Registrar	Attendant
COLB	4	/	/	/	/
COD	4	/	/	/	/
COFD	4	/	/	/	/

## Chapter V– General Instructions in Accomplishing Civil Registry Forms

### 5.3 HOW TO ACCOMPLISH CIVIL REGISTRY FORMS?

General instructions in the accomplishment of civil registry forms.

#### PLACE OF REGISTRATION

As a general rule, the place of registration is the city or municipality where the event occurred. A birth is registered in the place of birth; and death in the place of death.

For timely registration: the place of registration of the vital event is the place of occurrence

Example: If place of occurrence of the event was at Santa Cruz, Marinduque:

Province: MARINDUQUE
City/Municipality: SANTA CRUZ

For delayed registration, follow the general rule. However, if the city/municipality has been divided or integrated, registration shall be made in the mother city/municipality where the event occurred which has jurisdiction over the reported place of occurrence

## Chapter V– General Instructions in Accomplishing Civil Registry Forms

Example: In case of delayed registration of event where the place of occurrence was Bacon, Sorsogon, which is now Sorsogon City, Sorsogon:

Province: SORSOGON  
City/Municipality:

**NOTE:** items pertaining to place of event should indicate the address where the event occurred, e.g. “\_\_\_\_\_, Bacon, Sorsogon”.

For highly urbanized cities, indicate the name of the city in the appropriate space provided and leave the province blank.

If place of occurrence of the event was at Manila:

Province: \_\_\_\_\_  
City/Municipality: MANILA

- Accomplish the required number of copies for each civil registry form.
- All entries including the registry number and annotations shall be typed or written in **black ink**.
- In case of delayed registration, the remarks “**Delayed Registration**” shall be entered in the **Remarks/Annotations** portion.

## Chapter V– General Instructions in Accomplishing Civil Registry Forms

- The data to be supplied should be reckoned at the time of occurrence of the said event, not at the time of registration.
- All items must have an entry. “Unknown”, “Not Applicable”, “N.A.”, “Forgotten”, “Don’t Know”, or “D.K.” as the case may be, are acceptable entries for items of information, which cannot be definitely supplied.
- Do not make alterations or any markings such as “advance copy for OCRG”, for electronic endorsements and among others. Any alterations or erasures will render the form unacceptable.
- All items for signature should contain fresh signature. Rubber stamps or other facsimile signatures are not acceptable.
- Additional general guidelines in completing the cause of death section
  - The entry must be legible. Use black ink.
  - Do not make alterations or erasures
  - Do not use abbreviations
  - Enter only one disease or condition per line
  - Verify the accuracy of identification data

## CHAPTER VI - SPECIFIC INSTRUCTIONS IN ACCOMPLISHING THE CERTIFICATE OF LIVE BIRTH

Municipal Form No. 102 (Revised January 2007)	Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b>
Province <u>ORIENTAL MINDORO</u> City/Municipality <u>MANSALAY</u>	Registry No. <u>2014-1200</u>

### PLACE OF REGISTRATION (PROVINCE, CITY/MUNICIPALITY)

Write the name of the province and city/municipality where the birth is registered on the appropriate spaces. Geographic codes are not acceptable.

### REGISTRY NUMBER (FOR LCRO USE)

The registry number found at the upper right portion of the certificate is the sequential number indicating the order by which the document for registration is entered in the appropriate registry book.

### INFORMATION ABOUT THE CHILD (ITEM 1 TO 6)

<b>C H I L D</b>	1. NAME (First) (Middle) (Last)			
	JUAN DE LA CRUZ CRUZ			
	2. SEX (Male / Female)		3. DATE OF BIRTH (Day) (Month) (Year)	
	MALE		02 JULY 2014	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)			
MANSALAY GENERAL HOSPITAL MANSALAY ORIENTAL MINDORO				
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	
SINGLE	NOT APPLICABLE		FIFTH	
6. WEIGHT AT BIRTH			4000 grams	

## I. NAME

The full name of the child is the most important item of the certificate and should be carefully recorded.

1. NAME	(First)	(Middle)	(Last)
JUAN	DELA CRUZ	CRUZ	

Generally, the full name of the individual consists of a **first or given name**, the **middle name**, which is taken from the mother's maiden surname and the **last name**, which is the father's surname.

**First Name.** First names may consist of one or more given names.

**REMINDER:** Entries such as “Jr” or “II” is affixed to an individual's first name to distinguish him from an ascendant of the same name are acceptable as added identification. Example: Juan Jr. Delos Reyes Paras  
Entries with affixed name the 3<sup>rd</sup> should be in roman numeral. Example: Juan III Paras Dela Cruz

**NOTE:** Never write “Baby”, “Baby Boy” or “Baby Girl” if the parents have not yet decided as to what name would be given to the child. Such word or phrase is considered an entry in the civil register and could not be changed or corrected without filing a petition under RA 9048 (Clerical Error Act).

**Middle Name.** This item may or may not have an entry.

**Last Name.** The last name of the child generally refers to the father's last name, if the child is legitimate.

Below is a guide on how to fill-up the information on middle name and last name of the child (AO 1 Series 2016 – Revised IRR of RA 9255).

<b>Child's Status</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Case 1.</b> Legitimate child	Mother's maiden name	Father's surname
<b>Case 2.</b> Illegitimate child and not acknowledged by the father	No middle name	Mother's surname
<b>Case 3.</b> Illegitimate child, acknowledged by the father but no AUSF is executed by the mother or the guardian, in the absence of the mother	No middle name	Mother's surname
<b>Case 4.</b> Illegitimate child aged 6 years old and below, acknowledged by the father and the mother or the guardian, in the absence of the mother executes AUSF	Mother's maiden name	Father's surname
<b>Case 5.</b> Illegitimate child aged 7 to 17 years old, acknowledged by the father and the child executes AUSF and attested by	Mother's maiden name	Father's surname

## Chapter VI – Specific Instructions in Accomplishing COLB

the mother		
<b>Case 6.</b> Illegitimate child upon reaching age of majority, acknowledged by the father and the child executes AUSF	Mother's maiden name	Father's surname

### Example for Cases 1, 4, 5 and 6

1. NAME	(First)	(Middle)	(Last)
JUAN	DELA CRUZ	CRUZ	

### Example for Cases 2 and 3

1. NAME	(First)	(Middle)	(Last)
JUAN			DELA CRUZ

## 2. SEX

This item aids in the identification of the child. It is used for measuring sex differentials in health related characteristics and for making population estimates and projections.

2. SEX (Male / Female)
MALE

Write "Male" or "Female". Entries such as "M" or "F" are not acceptable.



### 3. DATE OF BIRTH

This is the key item when proof of age is required.

3. DATE OF BIRTH	(Day) 02	(Month) JULY	(Year) 2014
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Write the day, month, and year, in this order, in the appropriate spaces when the child was born.

Write in full the month such as “January”, “February”, or in abbreviated form such as “Jan.”, “Feb.”, etc.. Do not use numerical entries for the month of birth such as “6” for June, since this can be confused with the entry for the day of birth. Write the four digits of the year, example: “2014”.

### 4. PLACE OF BIRTH

This refers to the geographic location where the birth actually occurred.

Write the complete address, i.e., Name of Hospital/Clinic/ Institution /House No., Name of Street, Barangay, City/ Municipality, and Province, in this order.



4. PLACE OF BIRTH	(Name of Hospital/Clinic/Institution/ House No., St., Barangay) MANSALAY GENERAL HOSPITAL	(City/Municipality) MANSALAY	(Province) ORIENTAL MINDORO
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## Chapter VI – Specific Instructions in Accomplishing COLB

For births that occurred in places other than the above-mentioned places such as:

- **Vehicle:** Write the name of the vehicle, route, plate number and other necessary description of the vehicle, if the birth occurred aboard a vehicle. Example: Victory Liner, Cubao- Baguio, MGN 424



- **Vessel:** Write the name of the vessel, route, voyage number, registry number and other necessary description of the vessel, if birth occurred aboard a vessel. Example: MV Doña Aurora, bound for Manila-Tacloban, Voyage No. C18, Registry No. 082162014

**Airplane:** Write the name of the airplane, flight number, route and other necessary description of the airplane, if birth occurred aboard an airplane.



Example: Etihad Airways, Flight EY90, Abu Dhabi-Manila

### 5a. TYPE OF BIRTH

This item shows whether the birth is single, twin, triplet, etc.



5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE
--

Write “Single”, “Twin”, “Triplet”, etc., as the case may be.

#### **5b. IF MULTIPLE BIRTH, CHILD WAS.**

This item is important in matters relative to estate succession or matters of inheritance. Multiple births refer to twins, triplet, quadruplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS  
(First, Second, Third, etc.)  
NOT APPLICABLE

If multiple birth, specify the order in which the child was born, i.e., “First”, “Second”, “Third”, etc., as the case may be. Thus, one twin is classified as being born first before the other, no matter how close they come to being delivered simultaneously.

Write “Not Applicable” or “N.A.” for single birth. If multiple birth, write “First”, “Second”, or “Third” as the case may be.

**REMINDER:** For multiple birth cases, each live birth should have a separate birth certificate.

#### **5c. BIRTH ORDER**

The birth order of the child, i.e., first, second, third, etc., is determined by considering all previous deliveries of the

## Chapter VI – Specific Instructions in Accomplishing COLB

mother including fetal deaths and those delivered during previous marriages or unions.



A distinction in the order of births should be made with multiple births.

Write the order by which the child was born such as “First”, “Second”, “Third”, etc., as the case may be.

For example: Mrs. Paras is registering the birth of her twin sons, Carlos and Gael. She had four deliveries: three children were born alive and one was a fetal death. Hence, The birth order for Carlos is 5<sup>th</sup>, while for Gael is 6<sup>th</sup>.

5c. BIRTH ORDER (Order of this birth to previous live births including fetal death)  
(First, Second, Third, etc.)  
FIFTH

### 6. WEIGHT AT BIRTH

6. WEIGHT AT BIRTH

4000 grams



This is the most important characteristic associated with infant mortality. This is also related to medically attended births, marital status of the mother, and other factors surrounding the birth. Consequently, it is used with other information to plan and evaluate effectiveness of health care. The weight of the child to be reported should be determined right after delivery.

## Chapter VI – Specific Instructions in Accomplishing COLB

Write the weight of the child immediately after delivery in grams to the nearest whole number.

### INFORMATION ABOUT THE MOTHER (ITEMS 7 TO 13)

M O T H E R	7. MAIDEN NAME (First) CLAUDINE (Middle) GARCIA (Last) DELA CRUZ				
	8. CITIZENSHIP FILIPINO			9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 5	10b. No. of children still living including this birth 5	10c. No. of children born alive but are now dead 0	11. OCCUPATION ELEMENTARY SCHOOL TEACHER	12. AGE at the time of this birth (completed years) 30
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 59 BRGY IPIL MANSALAY ORIENTAL MINDORO PHILIPPINES				

### 7. MAIDEN NAME OF MOTHER

This item is used to establish the child's parentage and may provide data for genealogical studies.

7. MAIDEN NAME (First) CLAUDINE (Middle) GARCIA (Last) DELA CRUZ
--

Write the mother's maiden name that is, the name given at birth and not the name acquired by marriage.

Entries such as "Dr.", "Engr.", "Deceased", etc., are not acceptable. Initials are not accepted.

## 8. CITIZENSHIP

Citizenship is the status that entitles the mother to the rights and privileges of her country. Citizenship is acquired by birth, by naturalization, or by election.

Write the citizenship of the mother such as “Filipino” if a citizen of the Philippines, “American”, if a citizen of the United States of America, etc., as the case may be.

8. CITIZENSHIP  
FILIPINO

Write “Filipino-American”, “Filipino-Canadian”, etc., as the case may be, if the mother has dual citizenship.

## 9. RELIGION/RELIGIOUS SECT



This item will help determine the relationship of faith professed and socio-demographic factors such as age at time of delivery and legitimacy status of the child.

Religion is a set of common beliefs and practices generally held by a group of people while Religious Sect is the respective religious group or sect into which the individual is affiliated.

9. RELIGION/RELIGIOUS SECT  
ROMAN CATHOLIC

Write the faith professed by the mother such as “Roman Catholic”, “Aglipay”, “Iglesia ni Cristo”, “Islam”, etc.

**10a. TOTAL NUMBER OF CHILDREN  
BORN ALIVE**

Total number of children born alive to this mother refers to all children (including this one) born alive during her lifetime and expressed in such a way as to distinguish children who are still living and children who had been born alive but have since then died.

10a. Total number of  
children born alive  
5

This item determines the ratio of living children and children born alive but is now dead. This is also a determinant in the study of childbearing patterns of the mother.

In case of multiple births, each live birth shall be counted separately.

Entry of this item should be the same as the sum of entries in Item 10b and Item 10c. Likewise, the entry in this item should be less than or equal to Item 10c.



### **10b. NUMBER OF CHILDREN STILL LIVING INCLUDING THIS BIRTH**

10b. No. of children still  
living including this birth  
5

Write the number of living children including the birth to be registered such as “1”, “2”, “3”, etc., as the case may be.

Do not include children by adoption.

### **10c. NUMBER OF CHILDREN BORN ALIVE BUT ARE NOW DEAD**

10c. No. of children born  
alive but are now dead  
0

Write zero “0” if it is the first live birth to the mother or if all the previous deliveries are still living.

Using the same example in Item 5c (Birth Order) given above, the entries for 10a, 10b and 10c will be as follows:

For Carlos birth certificate: 10a 5, 10b 5, 10c 0

For Gael birth certificate: 10a 6, 10b 6, 10c 0

## **II. OCCUPATION**

Occupation is used to determine the ratio of mothers who are engaged in gainful or non-gainful activities. This item will determine





11. OCCUPATION  
ELEMENTARY SCHOOL TEACHER

childbearing patterns of types of occupation of mothers.

The entry for this item should be a precise description of the usual occupation, trade, profession or type of work performed by the mother.

Write the occupation or profession of the mother at the time of this birth. For example: “sari-sari store operator”, “kindergarten school teacher”, “housekeeper”, “student”, “palay farm worker”, etc..

## 12. AGE AT THE TIME OF THIS BIRTH

This item is one of the most important factors in the study of childbearing and pregnancy outcome. It is also a determinant of age-specific fertility patterns.

12. AGE at the time of this  
birth (completed years)  
30

Write the age of the mother in completed number of years at the time of the birth of the present child.

## 13. RESIDENCE

The mother’s residence is the place where she habitually resides. This item is seen as one of the factors affecting fertility.

Write the complete address (House no., street, barangay, city/municipality, province and country) where the mother

## Chapter VI – Specific Instructions in Accomplishing COLB

habitually resides at the time of birth of the child. It is not necessarily the place where the birth occurred. In case the usual residence of the mother is outside the Philippines, write in this item the complete address abroad.

13. RESIDENCE	(House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
59 BRGY IPIL		MANSALAY	ORIENTAL MINDORO	PHILIPPINES

It does not always follow that the mother's residence is the same as the place where the birth occurred. Temporary residence should not be reported.

### INFORMATION ABOUT THE FATHER (ITEMS 14 TO 19)

F A T H E R	14. NAME	(First)	(Middle)	(Last)	
	JOSE	HERMOSA	CRUZ		
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)	
	FILIPINO	ROMAN CATHOLIC	RICE FARMER	32	
	19. RESIDENCE	(House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
	59 BRGY IPIL		MANSALAY	ORIENTAL MINDORO	PHILIPPINES

### 14. NAME OF FATHER

This item can be used to establish the child's parentage and may provide data for genealogical studies.

14. NAME	(First)	(Middle)	(Last)
JOSE	HERMOSA	CRUZ	

## Part of First Name

Entries such as Dr., Engr., Deceased, etc.

Not Acceptable in the first name

Entries like Jr, Sr, II, III etc.

Acceptable as part of the first name

Write “Unknown”

If the child is illegitimate and not acknowledged by the Father

**NOTE: FOR ITEMS 15-CITIZENSHIP, 16-RELIGION, 17-OCCUPATION, 18-AGE AT THE TIME OF THIS BIRTH, AND 19-RESIDENCE, REFER TO THE INSTRUCTIONS IN ITEMS 8, 9, 11, 12 AND 13 ABOVE, BUT THE INFORMATION SHOULD BE FOR THE FATHER.**

Items 20a to 25 contain all other data and information about the occurrence of birth.

<b>MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE	(Month)	(Day)	(Year)	20b. PLACE	(City / Municipality)	(Province)	(Country)
	JUNE	15	2013	MANSALAY		ORIENTAL MINDORO	PHILIPPINES
21a. ATTENDANT							
<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____							

### 20a. DATE OF MARRIAGE

This item determines the legitimacy status of the child.

20a. DATE	(Month)	(Day)	(Year)
	JUNE	15,	2013

Write the month, day and year of marriage of the parents of the child if legally married at the time of the child's birth.

If the parents have forgotten the exact date of marriage, write the approximate year. If they cannot approximate even the year, write "Forgotten".



Write "Forgotten", "Don't know" or "D.K." if the informant could not supply the information.

Write "Not married" if the parents of the child are not legally married at the time of the child's birth.

Write "Not Applicable" or "N.A." if only one parent is provided.

**NOTE:** The Affidavit of Acknowledgment/Admission of Paternity at the back of the certificate must be accomplished if the parents are not legally married. These two affidavits have been combined at the back of the Certificate of Live Birth.

### 20b. PLACE OF MARRIAGE

If the parents are legally married at the time of birth, write the city/municipality, province, and country where the marriage of the parents was solemnized.

20b. PLACE	(City / Municipality)	(Province)	(Country)
MANSALAY		ORIENTAL MINDORO	PHILIPPINES

### 21a. ATTENDANT

This will provide information on the attendant at birth whether by physicians, nurses, midwives, traditional birth attendants or “hilot”.

Write “X” mark on the appropriate space of the pre-coded entries for the attendant at birth.

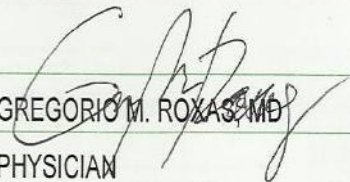
21a. ATTENDANT				
<input checked="" type="checkbox"/> 1 Physician	<input type="checkbox"/> 2 Nurse	<input type="checkbox"/> 3 Midwife	<input type="checkbox"/> 4 Hilot (Traditional Birth Attendant)	<input type="checkbox"/> 5 Others (Specify)

### 21b. CERTIFICATION OF ATTENDANT AT BIRTH

The certification validates the accuracy of the date, time and place of birth of the child as recorded in the birth certificate. This is to be filled up by the medical or paramedical personnel who attended to the birth of the child—such as

## Chapter VI – Specific Instructions in Accomplishing COLB

doctor, midwife, nurse or hilot—who will certify as to the exact time and date of birth.

1b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)	
I hereby certify that I attended the birth of the child who was born alive at <u>06:45 AM</u> am/pm on the date of birth specified above.	
Signature 	Address <u>POBLACION MANSALAY, ORIENTAL MINDORO</u>
Name in Print <u>GREGORIO M. ROXAS MD</u>	
Title or Position <u>PHYSICIAN</u>	Date <u>JULY 4, 2014</u>

This item shall be properly filled-up by the attendant at birth to supply information on the occurrence of birth.

Write the time when the birth occurred on the space provided and underline “am” or “pm” whichever is applicable. Example: 2:00 am/pm.

The attendant at birth should affix his/her signature and printed name on the space provided. The title or position, and the address of the attendant at birth should also be indicated.

Write the date when the attendant at birth supplied the information in the certification. The date in this item should not be later than the dates in Items 22 to 25.

### **In case of delayed registration:**

- 1) Where the attendant at birth is already **dead at the time of registration**:

Write “Not Applicable” or “N.A.” for the time of occurrence, and on the address, and the date portions. Write the name of

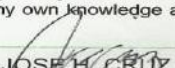
the attendant and indicate appropriate remarks. Write “Deceased at the Time of Registration”, on the space provided for the signature.

2) Where the attendant at birth is **nowhere to be found at the time of registration:**

Write “Not Applicable” or “N.A.” for the time of occurrence, and on the address, and the date portions. Write the name of the attendant and indicate appropriate remarks. Write “Unknown whereabouts at the time of registration”, on the space provided for the signature.

## 22. CERTIFICATION OF INFORMANT

The certification validates the accuracy of the personal information recorded on the birth certificate.

22. CERTIFICATION OF INFORMANT	
I hereby certify that all information supplied are true and correct to my own knowledge and belief.	
Signature	
Name in Print	JOSEPH M. CRUZ
Relationship to the Child	FATHER
Address	59 BRGY IPIL MANSALAY ORIENTAL MINDORO
Date	JULY 4, 2014

**Informant** refers to the responsible person providing the personal

facts entered in the certificate of birth for purposes of registration. The informant may be any of the following:

- 1) The father/mother/guardian in the order mentioned;
- 2) Any responsible person who has knowledge of the facts of birth;
- 3) The person himself/herself if 18 years old or over.



## Chapter VI – Specific Instructions in Accomplishing COLB

Obtain the signature of the informant who provided the personal facts about the child after the information has been entered on the birth certificate and reviewed by the informant.

Write the relationship of the informant to the child, such as “Father”, “Mother”, or “Guardian”, as the case may be. If informant is the owner of the document, write “Myself”.

Write the address of the informant, and the date when the information was supplied.

### 23. PREPARED BY

This item is to be filled-out by the person who prepared the COLB and could be any of the following:

- 1) C/MCR or LCRO staff
- 2) Medical records officer/clerk
- 3) Attendants at birth
- 4) Traditional birth attendant/hilot
- 5) Barangay secretaries
- 6) Others

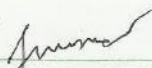
23. PREPARED BY	
Signature	<i>Nelia M. Salazar</i>
Name in Print	NELIA M. SALAZAR
Title or Position	NURSE AIDE II
Date	JULY 4, 2014

Write the name and the title or position of the person who prepared the document, and the date when the document was prepared. The said person should affix the signature in the space provided.



## 24. RECEIVED BY

This is the proof that the document has been received by authorized personnel of the Local Civil Registry Office.

24. RECEIVED BY	
Signature	
Name in Print	JOSEPHINE D. MESODA
Title or Position	ADMINISTRATIVE ASST. IV
Date	JULY 7, 2014

To be filled up by the civil registrar or his/her authorized assistant when the document is accepted for registration.

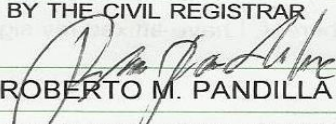
He/she should affix his/her signature on the space provided. The absence of the necessary signature can be a basis for questioning the validity of the registration.

His/her title or position and the date when the document was received must also be indicated.

Do not use rubber stamp in this portion.

## 25. REGISTERED BY THE CIVIL REGISTRAR

This item shows whether the COLB was filed within the time period specified by law. The signature of the civil registrar provides evidence that the certificate has been accepted by and filed with the civil registrar.

25. REGISTERED BY THE CIVIL REGISTRAR	
Signature	
Name in Print	ROBERTO M. PANDILLA
Title or Position	MUNICIPAL CIVIL REGISTRAR
Date	JULY 7, 2014

This item should be accomplished by the civil registrar or the

## Chapter VI – Specific Instructions in Accomplishing COLB

authorized representative. The absence of the necessary signature in this item can be a basis for questioning the authenticity of the certificate. Facsimile signature is not acceptable.

Note: In case of delayed registration, the dates on Item 24-Received by, and Item 25-Registered by the Civil Registrar shall not be the same (consider the 10-day posting).

### REMARKS/ANNOTATIONS

This portion is intended for the use of the LCRO/CRG to annotate any remarks applicable during the time of registration such as “Delayed Registration”; “Registered pursuant to RA 8371” for ICCS/IPs, “Registered pursuant to RA 9255”; changes or corrections, either thru judicial order, administrative process and any other legal instruments executed that affect the facts of birth after registration, etc.

**Below are the types of Affidavits and when to accomplish.**

<b>Type of Affidavit</b>	<b>When to Accomplish?</b>
<b>Affidavit of Acknowledgment/ Admission of Paternity</b>	This is accomplished in case the entry in Item 20a (Date of Marriage) and Item 20b (Place of Marriage) is “Not Married”.
<b>Affidavit of Acknowledgment</b>	This is accomplished if the child is illegitimate and was born before August 3, 1988, to be accomplished by both parents or either the father or the mother.
<b>Admission of Paternity</b>	This is accomplished by the father if the child is illegitimate and born on or after August 3, 1988.
<b>Affidavit for Delayed Registration</b>	<p>This is accomplished when the registration of birth is made beyond the reglementary period. Item 25 (Registered by the Civil Registrar) and Item 3 (Date of Birth) is more than 30 days.</p> <p>Make sure that the affidavit is duly subscribed by the C/MCR or any administering officer authorized to administer oaths.</p>

### COLB ATTACHMENT

Type of Attachment	How to Accomplish
Municipal Form 102 – Attachment for Muslim	To be filled-up if the person to be registered is Muslim. Copy information from COLB. Additional information are the ethnicity of the father and mother
IP Form No. 1 – Indigenous People's/ Indigenous Cultural	To be filled-up if the person to be registered is an ICC/IP. Copy information from COLB. Additional information are the ethnicity of the father and mother

### SPECIAL CASES

Naming convention of Indigenous Peoples/ Indigenous Cultural Communities (IPs/ICCs) pursuant to Administrative Order No. 3, Series of 2004 (Rules and Regulations Governing Registration of Acts and Events Concerning Civil Status of Indigenous Peoples) should be taken into consideration:

- One name/indigenous/tribal name;
- First, middle and last name not following filial relationships;
- First, middle and last name according to filial relationships;
- Other names under their customary laws/rites



The registered Municipal Form 102 has corresponding IP Form 1 attachment for IPs/ICCs. The COLB bears annotation that said birth was registered pursuant to Republic Act No. 8371 (Indigenous Peoples Rights Act).

Naming convention for Muslim Filipinos. The first name of the father or the surname of either the father or mother may be used as the child's last name subject to Islamic or Muslim Law (Presidential Decree No. 1083) and AO No. 1, series of 2005 (Rules and Regulations Governing Registration of Acts and Events Concerning Civil Status of Muslim Filipinos). The Municipal Form 102 and the attachment shall be permanently kept together and shall constitute the record of birth of a Muslim Filipino.

# CHAPTER VII - SPECIFIC INSTRUCTIONS IN ACCOMPLISHING THE CERTIFICATE OF DEATH

Municipal Form No. 103 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF DEATH</b>			
Province <u>ORIENTAL MINDORO</u>		Registry No. <u>2014-1152</u>	
City/Municipality <u>MANSALAY</u>			

## PLACE OF REGISTRATION (PROVINCE, CITY/MUNICIPALITY)

Please refer to instruction of the same Item in COLB in filling out this form.

## INFORMATION ABOUT THE DECEASED

Items 1 to 13 contains information about the deceased.

1. NAME (First) (Middle) (Last) <b>NILDA MELENDREZ CLARO</b>			2. SEX (Male/Female) <b>FEMALE</b>	
3. DATE OF DEATH (Day, Month, Year) <b>31 JANUARY 2014</b>	4. DATE OF BIRTH (Day) (Month) (Year) <b>05 JANUARY 1970</b>	5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <b>44</b> b. IF UNDER 1 YEAR [1] Months [0] Days Hours Mini/Sec c. IF UNDER 24 HRS		
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>SOTTO MED. CENTER MANSALAY ORIENTAL MINDORO</b>		7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <b>MARRIED</b>		
8. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	9. CITIZENSHIP <b>FILIPINO</b>	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>BRGY. BULACAO, MANSALAY, ORIENTAL MINDORO, PHILIPPINES</b>		
11. OCCUPATION <b>NURSING ATTENDANT</b>	12. NAME OF FATHER (First, Middle, Last) <b>PRIMO SALAS MELENDREZ</b>	13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>LUCIA MALDA BELLENA</b>		

**FOR ITEMS 1-NAME, 2-SEX, 3-DATE OF DEATH, 4-DATE OF BIRTH, REFER TO THE INSTRUCTIONS OF THE SAME ITEM/DESCRIPTION IN CHAPTER VI.**

## **5. AGE AT THE TIME OF DEATH**

This information is used to study age-specific mortality differentials for planning and evaluation of public health programs. Age is expressed in the largest possible completed units.

5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category)				
a. IF 1 YEAR OR ABOVE	b. IF UNDER 1 YEAR		c. IF UNDER 24 HRS	
[2] Completed years	[1] Months	[0] Days	Hours	Min/Sec
44				

**NOTE:** In reporting age at death, classification is made for individuals who (a) **died at age 1 or over**, (b) **lived for less than a year but more than 1 day**, and (c) **lived for less than a day**.





## 7. CIVIL STATUS

This information is used in determining differences in mortality by civil status.

7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced)
MARRIED

The classification of civil status is defined as follows:

Civil Status	Description
Single	A person who has never been married or whose marriage has been annulled/nullified through a court decree and is therefore free to remarry.
Married	A person who has been legally married. A person classified as “married” includes one who remarried after having been widowed, or divorced, or whose marriage has been annulled/nullified.
Widow/ Widower	A married person whose spouse died and who has not remarried. Presumed widow/widower is considered widow/widower.
Divorced	A person who has been divorced from previous marriage through talaq, tafwid or court order including ICCs/IPs marriages dissolved.

Write the civil status of the person prior to death, whether the deceased is single, married, presumed widow/widower, widow/widower, annulled, divorced as the case maybe.

**NOTE: FOR ITEMS 8-RELIGION, 9-CITIZENSHIP, 10-RESIDENCE, 11-OCCUPATION, AND 19-RESIDENCE, REFER TO THE INSTRUCTIONS OF THE SAME ITEMS**

### **NOTES FOR ITEM 10 – RESIDENCE AND ITEM 11 - OCCUPATION**

#### **10. RESIDENCE**

Mortality data by residence are used with population data to compute death rates that are important in environmental studies. Data on deaths by place of residence of the deceased are also used to prepare population estimates. Please refer to instruction of the same item above.

#### **11. OCCUPATION**

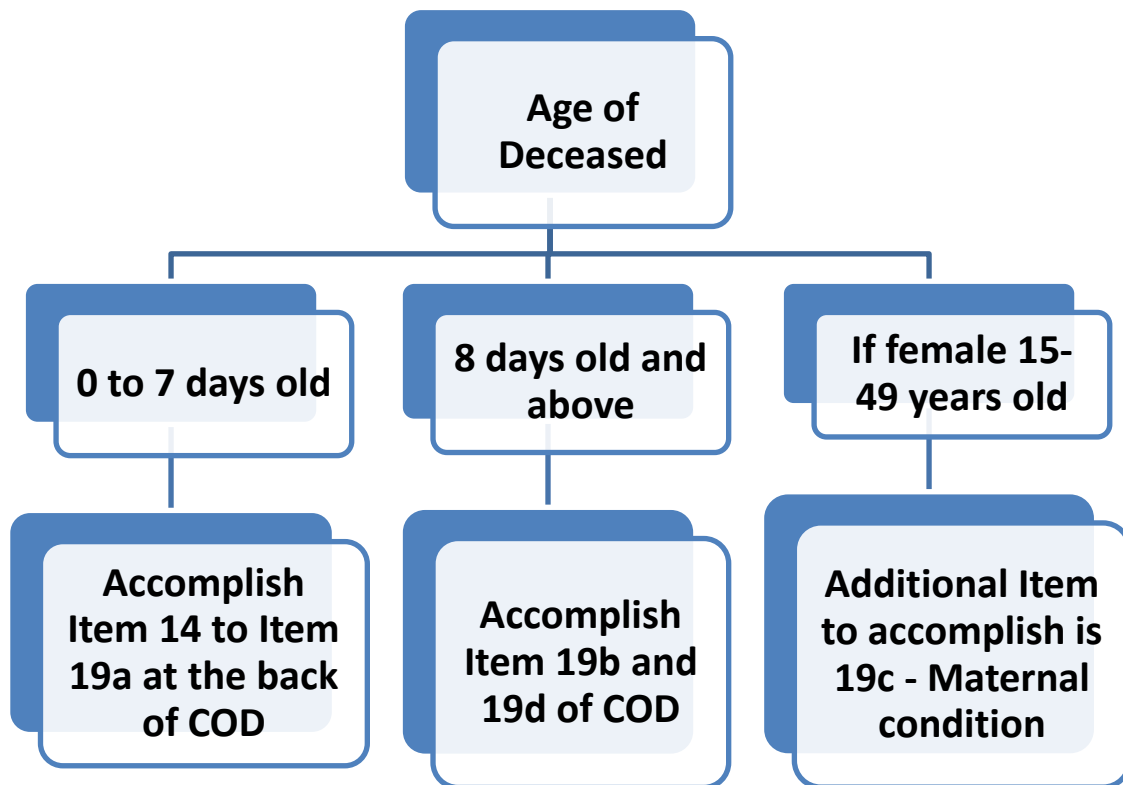
This item is useful in studying occupation–related mortality and in identifying job–related deaths by age–group. Please refer to instruction of the same item above.

**FOR ITEM 12-NAME OF FATHER AND  
ITEM 13- MAIDEN NAME OF THE  
MOTHER , REFER TO THE  
INSTRUCTIONS OF THE SAME ITEMS IN  
CHAPTER VI.**

**MEDICAL CERTIFICATE**

Items 14 to 19a refers to the causes of death for ages 0 to 7 days, while for items 19b to 19d refers to the causes of death for aged 8 days and over.

**WHEN TO ACCOMPLISH SPECIFIC ITEMS FOR  
CAUSE OF DEATH**



**FOR AGES 0-7 DAYS (PERINATAL DEATHS)**

The death certificate does not ask for an underlying cause of death, instead, it asks for the main cause in the fetus (stillbirth) or infant (live birth), and the main cause in the mother. It asks for other causes and for other relevant circumstances.

Items 14 to 19a should be filled up only if the deceased is an infant aged 0 to 7 days. This can be ascertained using Item 5- Age at the Time of Death, that is, either column b or column c. Specifically, the entry in column b-days should be within 1 to 7 days; or if the infant dies within 24 hours, that is, when column c has an entry.

## Chapter VII – Specific Instructions in Accomplishing COD

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER 27	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) CEASARIAN	16. LENGTH OF PREGNANCY: (in completed weeks) 34
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) SINGLE		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) NOT APPLICABLE
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant NEONATAL RESPIRATORY DISTRESS SYNDROME		
b. Other diseases/conditions of infant PREMATURITY OR LOW BIRTH WEIGHT		
c. Main maternal disease/condition affecting infant PREMATURE RUPTURE OF MEMBRANES		
d. Other maternal disease/condition affecting infant PRETERM LABOR, GESTATIONAL DIABETES MELLITUS, GRAND MULTIPARA		
e. Other relevant circumstances		

### 14. AGE OF MOTHER

Write the age of the mother in completed years at the time of death.

14. AGE OF MOTHER  
27

### 15. METHOD OF DELIVERY

This information is used to establish the trend in obstetric practice and to determine which age-groups of women are likely to have caesarian delivery.



15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)  
CEASARIAN

Classifications between normal and surgical procedures to identify the method of delivery are given below:

- 1) Normal, spontaneous vertex vaginal delivery or occipitoanterior

2) Classified as “Others” in this form are as follows:

- Cephalic vaginal delivery with abnormal presentation of head at delivery, without instruments, with or without manipulation;
- Forceps, low application, without manipulation like forceps delivery not otherwise specified;
- Other forceps delivery such as forceps with manipulation, high forceps and mid forceps;
- Vacuum extraction which includes ventouse;
- Breech delivery, spontaneous, assisted or unspecified like partial breech extraction;
- Breech extraction including not otherwise specified and total and version with breech extraction;
  
- Elective caesarian section like caesarian section before, or at onset of labor;
- Other and unspecified caesarian section; and
- Other and unspecified method of delivery that includes application of weight to leg in breech delivery, destructive operation to facilitate delivery and other surgical or instrumental delivery.

Write the method of delivery on the space provided.

### 16. LENGTH OF PREGNANCY

This gives information on the effect of the gestational age on the weight, maturity and health condition of the fetus.

16. LENGTH OF PREGNANCY:  
(in completed weeks)

34

Write the length of pregnancy or gestation period in number of completed weeks as estimated by the attendant at birth.

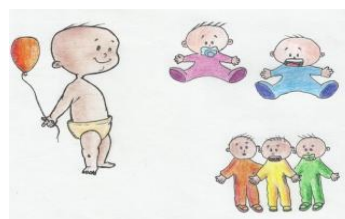
If the attendant has not done a clinical estimate of gestation, place the word “Don’t Know” or “D.K.” in the space provided.

### 17. TYPE OF BIRTH

Type of birth has important health implications. This item shows whether the birth is single, twin, triplet, etc.

17. TYPE OF BIRTH  
(Single, Twin, Triplet, etc)

SINGLE



### 18. IF MULTIPLE BIRTH, CHILD WAS

18. IF MULTIPLE BIRTH, CHILD WAS  
(First, Second, Third, etc)

NOT APPLICABLE

This item is filtered from

## Chapter VII – Specific Instructions in Accomplishing COD

the entry in Item 17. If multiple birth (twin, triplet, etc.), specify the order in which the child was born, i.e., “First”, “Second”, “Third”, etc., as the case may be.

Write “Not Applicable” or “N.A.” for single birth.

**NOTE: For multiple birth cases resulting to death, each infant death should have a separate death certificate.**

### **19a. CAUSES OF DEATH** **(For children aged 0-7 days)**

This is for the perinatal death. The principles governing the concept of the perinatal period are that:

- (a) the fetus is potentially viable
- (b) both fetal and maternal causes need to be considered at a given period after gestation, the pattern of causes will be similar in both live births and stillbirths

MEDICAL CERTIFICATE	
19a. CAUSES OF DEATH	
a. Main disease/condition of infant	NEONATAL RESPIRATORY DISTRESS SYNDROME
b. Other diseases/conditions of infant	PREMATURITY OR LOW BIRTH WEIGHT
c. Main maternal disease/condition affecting infant	PREMATURE RUPTURE OF MEMBRANES
d. Other maternal disease/condition affecting infant	PRETERM LABOR, GESTATIONAL DIABETES MELLITUS, GRAND MULTIPARA
e. Other relevant circumstances	

According to the World Health Organization, a perinatal death can either be a live birth or a stillbirth and formally



covers the period from **22 completed weeks of gestation** up to 7 days after birth.

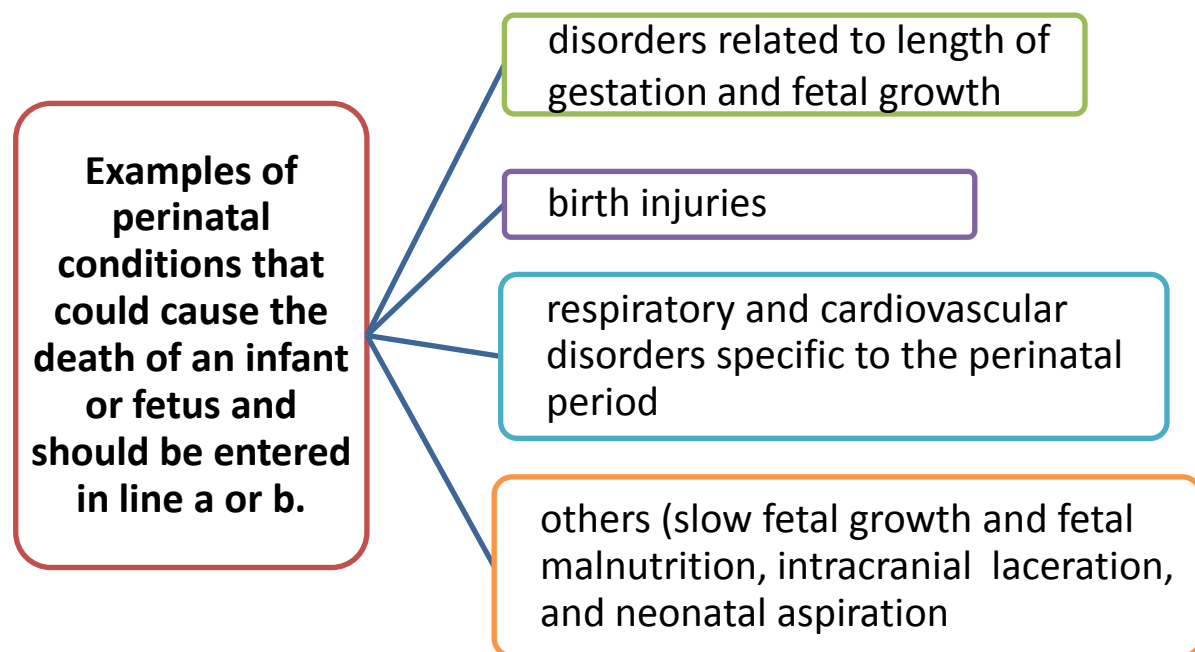
The cause of death section for perinatal death does not ask for an underlying cause of death. Instead it asks for the main cause in the fetus (stillbirth) or infant (live birth), and the main cause in the mother. It asks for other causes and for other relevant circumstances.

The section has five lines for the entry of causes of perinatal deaths, labeled **“a”** to **“e”**.

Lines **“a”** and **“b”** should indicate the diseases or conditions of the infant or fetus. The single most important information should be in line **“a”** and the other, if any, in line **“b”**. By **“the single most important”** is meant the pathological condition that, in the opinion of the certifier, made the greatest contribution to the death of infant or fetus.

The mode of death, such as heart failure, asphyxia or anoxia, should not be entered in line **“a”** unless it was the only fetal or infant condition known. This also holds true for prematurity.

## Chapter VII – Specific Instructions in Accomplishing COD



In lines “c” and “d” the **certifier** should write all diseases or conditions of the mother which in his/her opinion had some adverse effect on the infant. Again, the single main disease should be entered in line “c” and the others, if any, in line “d”.

Conditions of the mother to be reported on lines “c” or “d” should include maternal factors and complications of pregnancy, labour and delivery. Some **examples** are

**“maternal blood loss”, “maternal death”, “contracted pelvis” and “ectopic pregnancy”.**

Line “e” is provided for the reporting of any other circumstances which the certifier considers to have a bearing on the death but which cannot be described as a disease or condition of the infant or the mother, e.g. delivery in the absence of an attendant.

### 19b. CAUSES OF DEATH (FOR AGES 8 DAYS AND OVER)

The causes of death to be entered in Item 19b are for persons 8 days old and over and are defined as “all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of accident or violence which produced any such injuries. The definition does not include symptoms and modes of dying, such as heart failure and respiratory failure.

#### Example for non-accident as cause of death

MEDICAL CERTIFICATE	
(For ages 0 to 7 days, accomplish items 14-19a at the back)	
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)	Interval Between Onset and Death
I. Immediate cause : a. PERITONITIS	
Antecedent cause : b. STRANGULATED FEMORAL HERNIA WITH BOWEL PERFORATION	
Underlying cause : c.	
II. Other significant conditions contributing to death: HYPERTENSION	

#### Example for accident as cause of death

MEDICAL CERTIFICATE	
(For ages 0 to 7 days, accomplish items 14-19a at the back)	
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)	Interval Between Onset and Death
I. Immediate cause : a. TRAUMATIC SHOCK	
Antecedent cause : b. MULTIPLE FRACTURES	
Underlying cause : c. PEDESTRIAN HIT BY TRUCK	
II. Other significant conditions contributing to death:	

In filling out this item, the certifier should try to identify and record all the conditions in the sequence of event leading to death using his/her clinical judgment. It is the responsibility of the certifier to indicate which morbid condition led directly

## Chapter VII – Specific Instructions in Accomplishing COD

to death and to record any antecedent conditions giving rise to this cause.

Item 19b consists of two parts and a column to indicate the approximate interval between onset and death.

### Part I of the cause of death section for ages 8 days and over

Part I has three lines for reporting the sequence of events leading directly to death; these are labeled immediate cause “1a”, antecedent cause “1b” and underlying cause “1c”. Each condition in Part I should cause the condition above it. Only one cause of death is to be entered on each line of Part I. Additional lines should be added when necessary.

Line “a” (immediate cause of death). This is the final disease, injury or condition that directly leads to death. An immediate cause of death must always be reported in line “a”. It can be the only entry in the cause of death section if that is the only condition causing the death. In this case, the single entry in line “a” is regarded as the underlying cause of death.

Line “b” (antecedent cause) and c (underlying cause of death)  
The disease, injury or condition that gave rise to the immediate cause of death is entered in line “b”, antecedent cause. If this in turn resulted from another condition, record that condition in line “c”, underlying cause of death.

If the immediate cause of death arose as a complication of or from an error or accident in surgery or other medical

procedure or treatment, it is important to report what condition was being treated, what medical procedure was performed, what the complication or error was, and what the result of the complication or error was.

If the **immediate or antecedent cause** of death is an injury caused by an external factor, a brief but specific and clear description of how the injury occurred should be entered in the lowest used line in Part I. Explain the circumstances or cause of the injury, such as:

- “fell off ladder while painting house,”
- “driver of car ran off roadway,” or
- “passenger in car-truck collision.”

Specify type of gun (e.g., handgun, hunting rifle) or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances.

Indicate if more than one vehicle was involved; specify type of vehicle decedent was in.

For motor vehicle accidents, indicate whether the decedent was a driver, passenger, or pedestrian. If known, indicate what activity the decedent was engaged in when the injury occurred (e.g., playing a sport, working for income, hanging out at a bar).

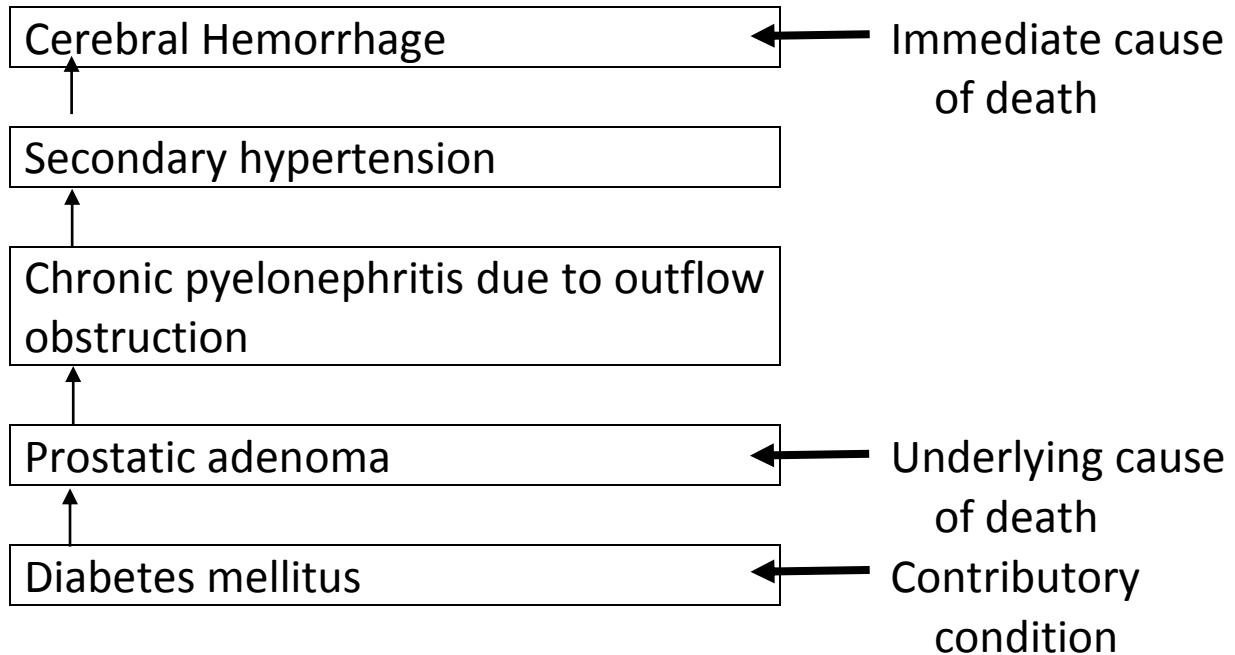
Part II of the cause of death section for ages 8 days and over

Part II records all other significant or contributory diseases or conditions that were present at the time of death, but did not directly lead to the underlying cause of death listed in Part I.

Multiple conditions and sequences of conditions resulting in death are common, particularly among the elderly. When there are two or more possible sequences resulting in death, or if two conditions seem to have added together, choose and report in Part I the sequence thought to have had the greatest impact. Other conditions or conditions from the other sequence(s) should be reported in Part II.

Example: A man dies of cerebral hemorrhage due to secondary hypertension due to chronic pyelonephritis. The chronic pyelonephritis was due to outflow obstruction, which was due to prostatic adenoma; He also had a history of diabetes mellitus, which had been diagnosed 5 years before his death. Diabetes mellitus, which is not in the sequence of events leading to death, would have contributed to the death, and therefore should be entered in Part II of the death certificate.

**Below** is the outline of the sequence of events and contributory condition that led to his death.



Interval between onset and death of the cause of death section for ages 8 days and over

A column with spaces to the right of lines “Ia”, “Ib”, “Ic”, and II is provided for recording the approximate interval between onset of the condition (not the diagnosis of the condition) and the date of death.

Provide the best estimate of the interval between the onset of each condition and death. Do not leave the space for the interval blank; if unknown, so specify.

**NOTE:** The time interval should be entered for all conditions reported on the death certificate, especially for the conditions reported in Part I. These intervals are usually established by the doctor on the basis of available information. In some cases, the interval will have to be estimated. Time periods, such as minutes, hours, days, weeks months or years can be used. This information is useful for coding certain diseases and provides a check on the accuracy of the reported sequence of conditions.

Refer to Appendix A the guidelines for recording specific conditions.

This item is used to improve the quality of maternal mortality data and provide alternative methods of collecting data on deaths during pregnancy or related to it, as well as to encourage the recording of deaths from obstetric cause occurring more than 42 days following termination of pregnancy.

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)				
<input type="checkbox"/> a. pregnant, not in labour	<input type="checkbox"/> b. pregnant, in labour	<input type="checkbox"/> c. less than 42 days after delivery	<input type="checkbox"/> d. 42 days to 1 year after delivery	<input checked="" type="checkbox"/> e. None of the choices

Item 19c is to be filled up if the deceased is a female aged 15-49 years old. This item will help determine the maternal condition of the deceased. This will compare the percentages of dying among a) pregnant, not in labor; b) pregnant, in labor; c) less than 42 days after delivery; d) 42 days to 1 year



after delivery; or e) none of the choices for the maternal condition at the time of death.

Put an “X” mark in the appropriate space provided.

### 19d. DEATHS BY EXTERNAL CAUSES

External causes of death relate to cases where the underlying cause of death is determined to be one of a group of causes external to the body (for example suicide, transport accidents, falls, poisoning etc).

19d. DEATH BY EXTERNAL CAUSES

a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) ACCIDENT

b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) STREET

This item is used to obtain a more accurate categorization of the external causes of death. It is also used for life insurance claims in addition to its public health importance.

When a condition such as injury, poisoning or other effect of external causes is recorded, it is important to describe fully both the nature of the condition and the circumstances that gave rise to it. Refer to additional explanation/discussion above on **“immediate or antecedent cause of death is an injury caused by an external factor”**.

Write the manner of death in line “a” whether homicide, suicide, accident, etc.

## Chapter VII – Specific Instructions in Accomplishing COD

For the place of occurrence of the external cause, write the general type of place (such as restaurant, vacant lot, baseball field, construction site, office building, or decedent's home) where the injury occurred. DO NOT enter firm or organization names.

Write in line "b" the place of occurrence where the death occurred, whether at home, in the factory, market, sidewalk, etc.

### OTHER DATA AND INFORMATION

Item 20 to 29 contains all other data and information about the death.

#### 20. AUTOPSY

This item is important in determining the immediate and underlying causes especially if cause of death is due to external causes or cause of death cannot be determined.

20. AUTOPSY (Yes / No)  NO
-------------------------------------

Write "Yes" if the corpse underwent an autopsy. Otherwise, write "No".

If the entry is "Yes", the Postmortem Certificate of Death at the back of the certificate shall be filled up.

### 21a. ATTENDANT

Attendant refers to a physician who provided medical assistance to the deceased.

21a. ATTENDANT				
1 Private Physician	2 Public Health Officer	3 Hospital Authority	4 None	5 Others (Specify)
		X		

Put an “X” mark in the appropriate space for attendant.

If the deceased was not medically attended, put an “X” mark on the space provided for “None”.

Classified as “Others” are the medico legal officer, pathologist, and other medical practitioners.

In such cases, put an “X” mark in the space provided and specify.

### 21b. IF ATTENDED, STATE DURATION

If the deceased had been medically attended, write the inclusive dates when the deceased received medical treatment related to the cause of death.

21b. If attended, state duration (mm/dd/yy)	
From 03-31-14	To 04-04-14

Write the inclusive dates when the deceased was attended following the mm/dd/yy format such as from 03/31/14 to 04/04/14.

## Chapter VII – Specific Instructions in Accomplishing COD

If category 4 (None) in Item 21a (Attendant) is marked with “X”, write N.A. in the space provided for this item.

### 22. CERTIFICATION OF DEATH

Item 22 is to be filled up by the medical attendant. If not medically attended, the Local Health Officer.

22. CERTIFICATION OF DEATH	
<input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at <u>08:30 AM</u> am/pm on the date of death specified above.	
Signature <u>Melissa C. Briones</u>	REVIEWED BY: <u>Orpha D. Sangcap</u>
Name in Print <u>MELISSA C. BRIONES M.D.</u>	<u>DRA. ORPHA D. SANGCAP MHO</u>
Title or Position <u>PHYSICIAN ON DUTY</u>	Signature Over Printed Name of Health Officer
Address <u>C/O MARTINEZ HOSPITALA, ANGAT BULACAN</u>	<u>APRIL 6, 2014</u>
Date <u>APRIL 5, 2014</u>	Date

Print the name, title or position, and address of the certifying officer. Write the date when it was certified. The certifying officer should affix the signature on the space provided.

### WHO WILL CERTIFY THE DEATH CERTIFICATE?

**Case 1.** If there is a medical attendant at death, the certifying officer is the attendant and there should be an “X” mark in the box pertaining to “have attended”.

**Case 2.** If there is no medical attendant at death the certifying officer is the Local Health Officer. There should be an “X” mark in the box “have not attended”.

**Case 3.** In medico-legal cases, the certifying officer is the medico–legal officer.

**NOTE:** In **all** cases, the cause of death shall be reviewed and signed by the Local Health Officer.

**Case 4.** In the absence of a health officer, the mayor, any member of Sangguniang Bayan or the municipal secretary, as the case maybe, shall sign the medical certification portion of the certificate of death. An “X” mark should be indicated in the box “have not attended”.

### 23. CORPSE DISPOSAL

The Sanitation Code of the Philippines requires that all dead human bodies be buried or cremated for health purposes. Corpse disposal refers to the manner by which the body is disposed, whether by cremation, burial. Any other form of corpse disposal shall be recorded as others.

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL
--

Write the manner by which the corpse was disposed in the space provided.

If the answer is “Others”, specify the manner such as “Donation”, if the body is to be used by a hospital or medical or mortuary school for scientific purposes.

## Chapter VII – Specific Instructions in Accomplishing COD

### 24a. BURIAL/CREMATION PERMIT

Write the number and date of issuance of the burial/cremation permit. If the entry for Item 23 is “Others”, write “Not Applicable” or “N.A.” on the spaces provided.

24a. BURIAL/CREMATION PERMIT	
Number	5267586
Date Issued	APRIL 6, 2014

### 24b. TRANSFER PERMIT

Transfer permit is issued when the corpse is to be transferred or buried to another city/municipality other than the place of death. This is issued by the city/municipal health officer of the place of death.

24b. TRANSFER PERMIT	
Number	
Date Issued	

Write the number and date of issuance of the transfer permit.

### 25. NAME AND ADDRESS OF CEMETERY OR CREMATORY

This information provides input in determining presence of cemetery, crematory or columbary in a particular place for sanitation purposes.

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
MANSALAY PUBLIC CEMETERY,	MANSALAY, ORIENTAL MINDORO

## Chapter VII – Specific Instructions in Accomplishing COD

Write in the space provided the name and complete address of cemetery/columbarium or crematory where the deceased is to be buried or cremated.

If “others” in Item 23, write “Not Applicable” or “N.A.” in this item.

**FOR ITEMS 26-CERTIFICATION OF INFORMANT, 27-PREPARED BY, 28-RECEIVED BY, 29-REGISTERED BY THE CIVIL REGISTRAR, AND THE REMARKS/ANNOTATIONS, REFER TO THE INSTRUCTIONS OF THE SAME ITEMS IN COLB.**

The Post-mortem Certificate of Death is accomplished only if an autopsy has been performed on the deceased, that is, when the entry in Item 20 (Autopsy) is “Yes”.

The medico-legal officer shall sign the Post-Mortem Certificate of Death.

POSTMORTEM CERTIFICATE OF DEATH	
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was	
CAUSE OF DEATH IS CONSISTENT WITH SYSTEMIC ORGAN FAILURE SECONDARY TO INGESTION OF CORROSIVE AGENT	
Signature _____	Title/Designation MEDICO LEGAL OFFICER
Name in Print JOEL S. REYES, MD	Address WPD, MANILA POLICE STN. SAMPALOC, MANILA CITY
Date MARCH 20, 2015	



## Chapter VII – Specific Instructions in Accomplishing COD

### CERTIFICATION OF EMBALMER

This portion is to be accomplished and signed by the embalmer.

CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed <u>XIAN MORALES LAPUZ</u> following all the regulations prescribed by the Department of Health.	
Signature <u></u>	Title/Designation <u>LICENSE EMBALMER</u>
Name in Print <u>MIKE S. CRUZ</u>	License No. <u>998</u>
Address <u>ANGAT, BULACAN</u>	Issued on <u>APRIL 4, 2014</u> at <u>MALOLOS, BULACAN</u>
	Expiry Date <u>MAY 15, 2015</u>

Enter the name, address, title/designation and license number of the embalmer including the date and place of issuance and expiry date of said license. The signature of the embalmer must also be affixed.

### AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

The Affidavit for Delayed Registration of Death is accomplished when the death is registered beyond the 30-day reglementary period. The affidavit shall be carefully filled up, underline all applicable details and provide all necessary and accurate information. The affidavit must be subscribed to by an authorized officer.



## Chapter VII – Specific Instructions in Accomplishing COD

**AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH**

I, SATURNINO PURUNTONG, of legal age, single/married/divorced/widow/widower,  
with residence and postal address MANSALAY, ORIENTAL MINDORO  
\_\_\_\_\_, after being duly sworn in accordance with law, do hereby depose and say:

1. That MARCIA O PURUNTONG died on DECEMBER 20, 2013 in  
MANSALAY, ORIENTAL MINDORO and was buried/cremated in  
\_\_\_\_\_ on \_\_\_\_\_.

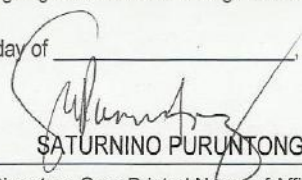
2. That the deceased at the time of his/her death:  
☐ was attended by \_\_\_\_\_;  
☒ was not attended.

3. That the cause of death of the deceased was \_\_\_\_\_.

4. That the reason for the delay in registering this death was due to \_\_\_\_\_.

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_  
at MANSALAY, ORIENTAL MINDORO, Philippines.

  
SATURNINO PURUNTONG  
(Signature Over Printed Name of Affiant)

## CHAPTER VIII - SPECIFIC INSTRUCTIONS IN ACCOMPLISHING THE CERTIFICATE OF FETAL DEATH

Municipal Form No. 103A (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)	
<b>CERTIFICATE OF FETAL DEATH</b>					
Province <u>DAVAO DEL SUR</u>			Registry No.		
City/Municipality <u>STA. CRUZ</u>			2014-133		

### PLACE OF REGISTRATION (PROVINCE, CITY/MUNICIPALITY)

**NOTE:** The same instructions as in filling-up “Place of Registration in the Certificate of Live Birth and Certificate of Death.

### REGISTRY NUMBER-FOR LCRO USE ONLY

### INFORMATION ABOUT THE FETUS (Items 1 to 5e)

Items 1 to 5e of the COFD contains information about the fetus. (NOTE: The same instructions as in filling-up the specific item in the Certificate of Live Birth and Certificate of Death.

<b>F E T U S</b>	1. NAME (First) (Middle) (Last)		
	ANGELITO ANGGIT PEDROSA		
	2. SEX (Male/Female/Undetermined) MALE		3. DATE OF DELIVERY (Day) (Month) (Year) 20 MAY 2014
	4. PLACE OF DELIVERY (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BRGY. TUBAN, STA. CRUZ, DAVAO DEL SUR		
	5a. TYPE OF DELIVERY (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE DELIVERY, FETUS WAS (First, Second, Third, etc.) NOT APPLICABLE
	5c. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) NORMAL		5d. BIRTH ORDER (live births and fetal deaths including this delivery) (First, Second, Third, etc.) FOURTH
		5e. WEIGHT OF FETUS grams 2,200	

## Chapter VIII – Specific Instructions in Accomplishing COFD

Remember that for multiple birth cases, each fetal death should have a separate COFD.

### INFORMATION ABOUT THE MOTHER (Items 6 to 12)

Items 6 to 12 of the COFD contains information about the mother at the time of the delivery of the fetus. (NOTE: The same instructions as in filling-up the specific item in the Certificate of Live Birth.)

M O T H E R	6. MAIDEN NAME	(First)	(Middle)	(Last)
	EDRAMAE	SANTOS	ANGGIT	
	7. CITIZENSHIP	8. RELIGION/RELIGIOUS SECT	9. OCCUPATION	10. AGE at the time of this delivery (completed years)
	FILIPINO	R. CATHOLIC	HOUSEWIFE	26
	11a. Total number of children born alive	11b. No. of children still living	11c. No. of children born alive but are now dead	
	3	3	0	
	12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
	BRGY. TUBA N, STA. CRUZ, DAVAO DEL SUR PHILIPPINES			

### INFORMATION ABOUT THE FATHER (Items 13 to 17)

Items 13 to 17 of the COFD contains information about the father at the time of the delivery of the fetus. (NOTE: The same instructions as in filling-up the specific item in the Certificate of Live Birth.)

F A T H E R	13. NAME	(First)	(Middle)	(Last)
	JERSON	CRUZ	PEDROSA	
	14. CITIZENSHIP	15. RELIGION/RELIGIOUS SECT	16. OCCUPATION	17. AGE at the time of this delivery (completed years)
	FILIPINO	R. CATHOLIC	TRICYCLE DRIVER	31

## Chapter VIII – Specific Instructions in Accomplishing COFD

### OTHER INFORMATION (Items 18a to 18b)

Items 18a to 18b of the COFD contains information about the date and place of marriage of the parents at the time of the delivery of the fetus. (NOTE: The same instructions as in filling-up the specific item in the Certificate of Live Birth.)

MARRIAGE OF PARENTS							
18a. DATE	(Month)	(Day)	(Year)	18b. PLACE	(City/Municipality)	(Province)	(Country)
	MAY	25	2013	SAN ROQUE PARISH STA. CRUZ,	DAVAO DEL SUR	PHIL.	

### MEDICAL CERTIFICATE

Items 19 to 22b refer to the medical certificate which include information on causes of fetal death, timing of fetal death, length of pregnancy, certification of death, and signed reviewed by the health officer.

19. CAUSES OF FETAL DEATH		FETAL DEATH IN UTERO (FDIU)	
a. Main disease/condition of fetus		T/C CONGENITAL ANOMALY	
b. Other diseases/conditions of the fetus			
c. Main maternal disease/condition affecting fetus		W/ BRONCHIAL ASTHMA	
d. Other maternal disease/condition affecting fetus			
e. Other relevant circumstances			
20. FETUS DIED:		1 Before Labor      2 During labor/delivery <input checked="" type="checkbox"/> 3 Unknown	
21. LENGTH OF PREGNANCY (in completed weeks)		22a. ATTENDANT (Physician, Nurse, Midwife, Hilot or Traditional Birth Attendant, none, others (specify))	
38		midwife	
22b. CERTIFICATION OF FETAL DEATH			
<input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the death of the fetus at 10:45 am/pm on the date of delivery specified above.			
Signature		REVIEWED BY:	
Name in Print		DR. LUISA M. FERNANDEZ, MHO	
Title or Position		Signature Over Printed Name of Health Officer	
Address		MAY 21, 2014	
Date		MAY 21, 2014	

## 19. CAUSES OF FETAL DEATH

Please see instruction of the same item (FOR AGE 0-7 DAYS) in the Certificate of Death in Chapter VII.

## 20. FETUS DIED

This item is used to check whether what was reported is a fetal death. It is also used a basis for the formulation of plans for maternal and child health care.

Put an “X” mark before the appropriate space on the timing when the fetus died, i.e., “Before Labor”, “During Labor/Delivery” or “Unknown”.

## 21. LENGTH OF PREGNANCY

Write the length of pregnancy or gestation period in number of completed weeks as estimated by the attendant.

If the attendant has not done a clinical estimate of gestation, place the word “Don’t Know” or “D.K.” in the space provided.

## OTHER DATA AND INFORMATION

Items 23 to 30 refer to the other data and information about the fetal death. **(NOTE: The same instructions as in filling-up the specific item in the Certificate of Death.)**



## Chapter VIII – Specific Instructions in Accomplishing COFD

<b>23. CORPSE DISPOSAL</b> (Burial, Cremation, if others, specify) <b>BURIAL</b>	<b>24. BURIAL/CREMATION PERMIT</b> Number <b>9373275</b> Date Issued <b>MAY 21, 2014</b>	<b>25. AUTOPSY</b> (Yes /No)
<b>26. NAME AND ADDRESS OF CEMETERY OR CREMATORY</b> <b>MUNICIPAL CEMETERY , TUBAN, STA. CRUZ DAVAO DEL SUR</b>		
<b>27. CERTIFICATION OF INFORMANT</b> I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> <b>EDRA MAE A. PEDROSA</b> Name in Print <b>MOTHER</b> Relationship to the Deceased <b>Brgy. TUBAN, STA. CRUZ, DAVAO DEL SUR</b> Address <b>MAY 21, 2014</b> Date	<b>28. PREPARED BY</b> Signature <i>[Signature]</i> <b>ELSA V. CAPUNO</b> Name in Print <b>REGISTERED MIDWIFE</b> Title or Position <b>MAY 21, 2014</b> Date	
<b>29. RECEIVED BY</b> Signature <i>[Signature]</i> <b>BOBBY M. RIVERA</b> Name in Print <b>ADMIN. AIDE IV</b> Title or Position <b>JULY 1, 2014</b> Date	<b>30. REGISTERED BY THE CIVIL REGISTRAR</b> Signature <i>[Signature]</i> <b>JOAN B. LOPEZ</b> Name in Print <b>MUNICIPAL CIVIL REGISTRAR</b> Title or Position <b>JULY 1, 2014</b> Date	

**NOTE: FOR POSTMORTEM CERTIFICATE OF FETAL DEATH, CERTIFICATION OF EMBALMER, AND AFFIDAVIT OF DELAYED REGISTRATION OF FETAL DEATH, REFER TO THE INSTRUCTIONS OF THE SAME ITEMS ABOVE FOR COD.**

# CHAPTER IX - VITAL STATISTICS

## 9.1 WHAT ARE THE USES OF VITAL STATISTICS?

Vital statistics derived from civil registration are useful for local and national authorities specifically for planning of human, social and economic development.

Birth and death registers derived from civil registration records serves the following purposes:

- as input for population estimation/ projection for future planning;
- as basis for forecasting requirements for food, housing, medical facilities, education and other needs of the population
- to carry out policy making at local levels for planning health, education services, housing, etc.;
- to address health inequities from communicable disease, chronic disease and injuries;
- generate “life tables” and life expectancies for many health-planning purposes;
- measure progress on the sustainable development goals and other international health goals;
- prepare polling lists for eligible voters for election purposes;
- calculate the number of members of parliament for each state or province;
- allocate budgets for development and for human resources

- calculate the number of citizens each year for administrative areas by age and sex;
- provide denominator data for calculating health-related indicators;
- help guide efficient resource allocation;
- other analytical studies which are important and useful to planners and policy-makers.

**Vital Statistics** generated from civil registration data are the only source of information that provides the basis for a variety of in-depth epidemiological studies, including the following:

- estimation of risks of premature death by sex and age;
- estimation of relative risks of death among different subpopulations; and
- analysis of trends in the risk of dying because of particular causes.

The analysis of mortality statistics is essential to programs of disease control. Local health authorities use mortality statistics to determine the administrative actions needed to improve public health in local areas. All these uses are in addition to the demands of individuals for documentary proof of death.

**Fetal Death Statistics** are being used in studies of registration of the outcome of pregnancy when combined with health and birth data. It also being used in public health programmes in the absence of morbidity data or for health



education; and for planning and evaluation of maternal and child health services for fertility data in family planning.

## 9.2 MEASURES ON BIRTH STATISTICS?

**Birth Rate** (also called the crude birth rate) indicates the number of live births per 1000 midyear population in a given year.

$$\frac{\text{Number of births}}{\text{Total mid-year population}} \times 1,000$$

**General Fertility Rate** (also called the fertility rate) is the number of live births per 1,000 women ages 15-49 in a given year. The general fertility rate is a somewhat more refined measure than the birth rate because it relates births to the age-sex group at risk of giving birth (usually defined as women ages 15-49).

$$\frac{\text{Number of births}}{\text{Number of women ages 15-49}} \times 1,000$$

### 9.3 MEASURES ON DEATH STATISTICS?

**Death Rate** (also called the crude death rate) indicates the number of deaths per 1000 midyear population in a given year.

$$\frac{\text{Number of deaths}}{\text{Total mid-year population}} \times 1,000$$

**Cause-Specific Death Rate** is usually expressed in deaths per 100,000, because for most causes of death, the rates of occurrence are very low.

$$\frac{\text{Deaths from heart disease}}{\text{Total population}} \times 100,000$$

**Fetal Death Ratio.** The ratio of fetal deaths per 1000 live births

$$\frac{\text{Number of fetal deaths}}{\text{Total live births}} \times 1000$$

**Fetal Death Rate.** The ratio of fetal deaths per 1000 births (births plus fetal deaths)

$$\frac{\text{Number of fetal deaths}}{\text{Total births}} \times 1000$$

**Neonatal Mortality Rate.** The ratio of neonatal deaths per 1000 live births

$$\frac{\text{Number of neonatal deaths}}{\text{Total live births}} \times 1000$$

**Perinatal Mortality Rate** is the number of deaths of fetuses weighing at least 500g (or, when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm or more), and early neonatal deaths, per 1000 total births. Because of the different denominators in each component, this is not necessarily equal to sum of the fetal death rate and the early neonatal mortality rate.

$$\frac{\text{Fetal deaths and early neonatal deaths}}{\text{Total births}} \times 1000$$

**Proportion of Dying from a Specific Cause.** Deaths from a specific cause can be expressed as a percentage of all deaths.

$$\frac{\text{Number of deaths from heart disease}}{\text{Total deaths}} \times 100$$

**Infant Mortality Rate** is the number of deaths of infants under age 1 per 1,000 live births in a given year. It is considered a good indicator of the health status of a population.

$$\frac{\text{Number of deaths of infants under age 1 in a given year}}{\text{Total live births in that year}} \times 1,000$$

**Maternal Mortality Ratio** is the number of women who die as a result of complications from pregnancy or childbearing in a given year per 100,000 live births in that year. It also includes deaths due to complications from spontaneous or induced abortions.

$$\frac{\text{Number of maternal deaths}}{\text{Total live births}} \times 100,000$$

In practice, a maternal death is most often defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

# **APPENDICES**

## **APPENDIX A. GUIDELINES FOR RECORDING SPECIFIC CONDITIONS**

Doctors need to give as full description of the disease conditions as much as possible to help in the classification and coding process for each death certificate.

### **NEOPLASMS (TUMORS)**

Record the following information when certifying deaths due to neoplasm:

- Site of the neoplasm
- Whether benign or malignant
- Primary or secondary (if known), even if the primary site was removed long before death
- Histological type (if known)

If the primary site of a secondary neoplasm is known, it must be stated; for example, primary carcinoma of the lung. If the primary site of secondary neoplasm is unknown, 'Primary unknown' must be stated on the death certificate.

Names of operations must include the condition for which the operation was performed; for example, appendectomy for acute appendicitis.

### **PREGNANCY**

If a woman dies during pregnancy or within 42 days of the termination of a pregnancy, the fact that the woman was pregnant should be indicated on the certificate, even if the

direct cause of death is not related to the pregnancy or childbirth. For example, the entry could read ‘Pregnant, period of gestation 26 weeks’.

If the death certificate includes a pregnancy check box, it should be ticked to indicate that the woman was pregnant or was within 42 days of delivery when the death occurred, if that was the case.

### **HYPERTENSION**

It is important to state whether hypertension was essential or secondary to some other disease condition (e.g. chronic pyelonephritis).

### **INFECTIOUS AND PARASITIC DISEASES**

If the causative agent is known, it should be noted on the certificate. If the causative agent is unknown, write ‘Cause unknown’. It is also important to include the site of the infection, if known (e.g. urinary tract, respiratory tract).

### **INJURIES, POISONINGS AND EXTERNAL CAUSES OF DEATH**

The circumstances of death from, for example, a vehicular accident, suicide or homicide, is known as the external cause of death. When death occurs as a consequence of injury or violence, the external cause should always be listed as the underlying cause.

The external cause is described in as much detail as possible; for example, ‘motor traffic accident’ is not sufficiently accurate; however, ‘pedestrian hit by motor car’ is both clear

and accurate. In a case of suicide, simply entering 'suicide' is insufficient; the method of suicide should be entered. For example, 'Suicidal death by hanging' is a clear description.

### **REPORTING DEATH OF AN ELDERLY PERSON**

'Senility' or 'old age' should NOT be included in Part I of the death certificate if a more specific cause is known to the certifier. If senility is a contributory factor, it can be included in Part II of the death certificate.

### **ILL-DEFINED CONDITIONS**

When organ failure (e.g. heart failure or renal failure) is entered as a cause of death, it is called an ill-defined condition. Ill-defined conditions should NEVER be entered on a death certificate UNLESS nothing else at all is known about a patient. The term 'septicaemia', in the absence of more specific information, is also an ill-defined condition and should not be used as the underlying cause of death.

### **SYMPTOMS AND SIGNS**

Symptoms and signs (e.g. chest pain, cough and fever) are considered to be ill-defined conditions on the death certificate. These are not of any use for public health, so doctors should avoid using these terms when completing a death certificate.

### **MODE OF DYING**

Doctors should avoid reporting the mode of dying on the death certificate, particularly as an underlying cause. This includes terms such as 'cardiac arrest' or 'brain death'.



### **UNKNOWN CAUSE OF DEATH**

Where there is insufficient information to be certain of the cause of death, it is legitimate for the doctor to state 'Unknown cause of death'. However, this diagnosis should only be used in exceptional circumstances. Unknown or vague cause-of-death diagnoses are of no public health value. They do not provide any information to decision-makers to guide them in designing preventive health programs.

## APPENDIX B – FREQUENTLY USED ILL-DEFINED TERMS

<b>Accident</b>	Specify <b>circumstances</b> Specify <b>intent</b> , as car accident, or assault Specify <b>place of occurrence</b>
<b>Alcohol, drugs</b>	Specify <b>use</b> : long term or single, addiction
<b>Complication of surgery</b>	Specify <b>disease</b> : disease that caused surgery
<b>Dementia</b>	Specify <b>cause</b> : Alzheimer's disease, infarction, old age, other
<b>Hepatitis</b>	Specify <b>course, etiology</b> : acute or chronic, alcoholic If <b>viral</b> : specify Type (A,B,C...)
<b>Infarction</b>	Specify <b>site</b> : heart, brain,... Specify <b>cause</b> : arteriosclerotic, thrombotic, embolic...
<b>Infection</b>	Specify: primary or secondary, causative <b>organism</b> If <b>primary</b> : specify bacterial or viral If <b>secondary</b> : specify primary infection
<b>Leukemia</b>	Specify: acute, sub acute, chronic lymphatic, myeloid, monocytic
<b>Pneumonia</b>	Specify: primary, aspiration, <b>cause</b> , causative organism If due to <b>immobility</b> : specify the cause of the immobility
<b>Pulmonary embolism</b>	Specify <b>cause</b> : cause of embolism If <b>post surgical or immobility</b> : specify <b>disease</b> that caused surgery or immobility

Appendix B – Frequently Used  
III-Defined Terms

<b>Renal Failure</b>	Specify: acute, chronic or terminal, underlying cause of insufficiency, like arteriosclerosis, or infection If due to <b>immobility</b> : specify the cause of the immobility
<b>Thrombosis</b>	Specify: arterial or venous Specify: the blood vessel If <b>post-surgical or immobility</b> : specify disease that caused surgery or immobility
<b>Tumor</b>	Specify: behavior, location, metastases
<b>Urinary tract infection</b>	Specify: <b>site</b> in the urinary tract, causative <b>organism</b> , underlying cause of infection If due to <b>immobility</b> : specify the cause of the immobility

# **ANNEXES**

# **ANNEX A– REPUBLIC ACT NO. 3753**

## **REPUBLIC ACT NO. 3753**

### **LAW ON REGISTRY OF CIVIL STATUS**

Sec. 1. Civil Register. — A civil register is established for recording the civil status of persons, in which shall be entered: (a) births; (b) deaths; (c) marriages; (d) annulments of marriages; (e) divorces; (f) legitimations; (g) adoptions; (h) acknowledgment of natural children; (i) naturalization; and (j) changes of name.

Sec. 2. Civil Registrar-General his duties and powers. — The director of the National Library shall be Civil Registrar-General and shall enforce the provisions of this Act. The Director of the National Library, in his capacity as Civil Registrar-General, is hereby authorized to prepare and issue, with the approval of the Secretary of Justice, regulations for carrying out the purposes of this Act, and to prepare and order printed the necessary forms for its proper compliance. In the exercise of his functions as Civil Registrar-General, the Director of the National Library shall have the power to give orders and instructions to the local civil registrars with reference to the performance of their duties as such. It shall be the duty of the Director of the National Library to report any violation of the provisions of this Act and all irregularities, negligence or incompetency on the part of the officers designated as local civil registrars to the (Chief of the Executive Bureau or the Director of the Non-Christian Tribes)

Secretary of the Interior, as the case may be, who shall take the proper disciplinary action against the offenders.

Sec. 3. Local Civil Registrars. — Except in the City of Manila, where the duties of local civil registrar shall be performed by the officer of the Philippine Health Service designated by the Director of said service, the Treasurers of the regular municipalities, municipal districts and cities shall be local civil registrars of the respective municipalities, municipal districts or cities and shall perform the duties imposed upon them by this Act without extra compensation, in addition to their ordinary duties. In his capacity as local civil registrar, the officer designated by the Director of the Health Service as local civil registrar of Manila and the treasurers above mentioned shall be under the direction and supervision of the Civil Registrar-General.

Sec. 4. Civil Register Books. — The local registrars shall keep and preserve in their offices the following books, in which they shall, respectively make the proper entries concerning the civil status of persons:

- 1) Birth and death register;
- 2) Marriage register, in which shall be entered not only the marriages solemnized but also divorces and dissolved marriages;
- 3) Legitimation, acknowledgment, adoption, change of name and naturalization register.

Sec. 5. Registration and Certification of Birth. — The declaration of the physician or midwife in attendance at the birth or, in default thereof, the declaration of either parent of

the newborn child, shall be sufficient for the registration of a birth in the civil register. Such declaration shall be exempt from the documentary stamp tax and shall be sent to the local civil registrar not later than thirty days after the birth, by the physician, or midwife in attendance at the birth or by either parent of the newly born child.

In such declaration, the persons above mentioned shall certify to the following facts:

- a) date and hour of birth;
- b) sex and nationality of infant;
- c) names, citizenship, and religion of parents or, in case the father is not known, of the mother alone;
- d) civil status of parents;
- e) place where the infant was born;
- f) and such other data that may be required in the regulation to be issued.

In the case of an exposed child, the person who found the same shall report to the local civil registrar the place, date and hour of finding and other attendant circumstances.

In case of an illegitimate child, the birth certificate shall be signed and sworn to jointly by the parents of the infant or only the mother if the father refuses. In the latter case, it shall not be permissible to state or reveal in the document the name of the father who refuses to acknowledge the child, or to give therein any information by which such father could be identified.

Any fetus having human features which dies after twenty four hours of existence completely disengaged from the maternal womb shall be entered in the proper registers as having been born and having died.

Sec. 6. Death certificate and register. — No human body shall be buried unless the proper death certificate has been presented and recorded in the office of the local civil registrar. The physician who attended the deceased or, in his default the health officer concerned, or in default of the latter, any member of the family of the deceased or any person having knowledge of the death, shall report the same to the local health authorities, who shall issue a death certificate and shall order the same to be recorded in the office of the local civil registrar. The death certificate, which shall be issued by the attending physician of the deceased or, in his default, by the proper health officer, shall contain the following data to be furnished by the person reporting the death:

- a) date and place of death;
- b) full name;
- c) age;
- d) sex;
- e) occupation or profession;
- f) residence;
- g) status as regards to marriage;
- h) nationality of the deceased; and
- i) probable cause of death.



During epidemics, bodies may be buried provided the proper death certificates have been secured, which shall be registered not later than five days after the burial of the body.

Sec. 7. Registration of marriages. — All civil officers and priests or ministers authorized to solemnize marriages shall send a copy of each marriage contract solemnized by them to the local civil registrar within the time limit specified in the existing Marriage Law.

In cases of divorce and annulment of marriage, it shall be the duty of the successful petitioner for divorce or annulment of marriage to send a copy of the final decree of the court to that local civil registrar of the municipality where the dissolved or annulled marriage was solemnized.

In the marriage register there shall be entered the full name and address of each of the contracting parties, their ages, the place and date of the solemnization of the marriage, the names and addresses of the witnesses, the full name, address, and relationship of the minor contracting party or parties or the person or persons who gave their consent to the marriage, and the full name, title, and address of the person who solemnized the marriage.

In cases of divorce or annulment of marriages, there shall be recorded the names of the parties divorced or whose marriage was annulled, the date of the decree of the court, and such other details as the regulations to be issued may require.

Sec. 8. Registration of legitimations by subsequent marriage. — The acknowledgment of the children legitimated by subsequent marriage, referred to in article one hundred and twenty-one of the Civil Code, may be recorded in the legitimation register, entering: (a) The names of the parents; (b) that at the time when the children were conceived, the aforesaid parents could have contracted marriage, and that they actually contracted marriage, stating the date and place when such marriage was solemnized, the minister who officiated, and the civil register where such marriage was recorded; (c) the names of the children legitimated with reference to their birth certificates.

Sec. 9. Registration of acknowledgment by public instrument. — Any voluntary acknowledgment by the natural parents or by only one of them by public instrument, shall be recorded in the acknowledgment register of the civil registrar of the municipality where the decree was issued. The names of the interested parties and such other data as may be required by the regulations to be issued shall be entered in register.

It shall be the duty of the natural parents whose voluntary acknowledgment was made by means of a public instrument to send a certified copy thereof to the local civil registrar of the municipality in the civil register whereof the birth of the acknowledged child was recorded, not later than twenty days after the execution of such instrument, for the registration thereof.

Sec. 10. Registrations of adoptions, changes of name, and naturalization. — In cases of adoptions, changes of name, and naturalization, it shall be the duty of the interested

parties or petitioners to register the same in the local civil registrar of the municipality where the birth of the acknowledged child was registered setting forth the following data:

- a) full name of the natural child acknowledged;
- b) age;
- c) date and place of birth;
- d) status as to marriage, and residence of the child if acknowledged;
- e) full name of the natural father or mother who makes the acknowledgment;
- f) full name of the notary public before whom the document was acknowledged;
- g) full names of witnesses to document; and
- h) date and place of acknowledgment of said document and entry and page number of the notarial register in which the name was recorded.

Sec. 11. Duties of clerks of Court to register certain decisions. — In cases of legitimation, acknowledgment, adoption, naturalization and change of given or family name, or both, upon the decree which issued the decree to ascertain whether the same has been registered, and if this has not been done, to have said decree recorded in the office of the civil registrar of the municipality where the court is functioning.

Sec. 12. Duties of local civil registrar. — Local civil registrars shall:

- a) file registrable certificates and documents presented to them for entry;

- b) complete the same monthly and prepare and send any information required of them by the Civil Registrar-General;
- c) issue certified transcripts or copies of any certificate or document registered upon payment of proper fees;
- d) order the binding, properly classified, of all certificates or documents registered during the year;
- e) send to the Civil Registrar-General, during the first ten days of each month, a copy of the entries made during the preceding month for filing;
- f) index the same to facilitate search and identification in case any information is required, and
- g) administer oaths, free of charge, for civil register purposes.

Sec. 13. Documents registered are public documents. — The books making up the civil register and all documents relating thereto shall be considered public documents and be prima facie evidence of the truth of the facts therein contained. They shall be open to the public during office hours and shall be kept in a suitable safe which shall be furnished to the local civil registrar at the expense of the general fund of the municipality concerned. The local registrar shall not under any circumstances permit any document entrusted to his care to be removed from his office, except by order of a court, in which case the proper receipt shall be taken. The local civil registrar may issue certified copies of any document filed, upon payment of the proper fees required in this Act.

Sec. 14. Expenses and fees of the office of the civil registrar.  
 — All expenses in connection with the establishment of local civil registers shall be paid out of municipal funds, and for this purpose, municipal councils and boards shall make the necessary appropriation out of their available general funds: (These fees have been increased)

For the registration of documents and for certified copies of documents on file in the local civil registrar's office, fees shall be charged in accordance with the following schedule:<sup>7</sup>

For registration of legitimations .....	P 2.00
For registration of an adoption .....	2.00
For registration of an annulment of marriage .....	10.00
For registration of a divorce .....	10.00
For registration of naturalization .....	20.00
For registration of a change of name .....	2.00
For certified copies of any documents in the register, for each one hundred words.....	0.20

The Civil Registrar General or any local civil registrar may issue certified copies of documents free of charge for official use or at the request of a competent court. All fees collected for such purposes shall accrue to the general fund of the municipality concerned.

Sec. 15. Preservation of present register books. — All birth, death and marriage registers and other papers relating thereto at present in the keeping of the municipal secretaries or the clerk of the Municipal Court of Manila shall be

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<sup>7</sup> These fees has been increased

transferred by the same to the officers acting as local civil registrars in each city or municipality and shall form part of the archives of the latter.

Sec. 16. False statement. — Any person who shall knowingly make false statement in the forms furnished and shall present the same for entry in the civil register, shall be punished by imprisonment for not less than one month nor more than six months, or by a fine of not less than two hundred pesos nor more than five hundred or both, in the discretion of the court.

Sec. 17. Failure to report. — Other violations. — Any person whose duty is to report any fact concerning the civil status of persons and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act shall be punished by a fine of not less than ten pesos or not more than two hundred.

Sec. 18. Neglect of duty with reference to the provisions of this Act. — Any local registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.

Sec. 19. Application of this Act to the special provinces. — The Director of the National Library, in his capacity as Civil Registrar-General, is hereby authorized upon recommendation of the (Director of Bureau of Non-Christian

Tribes) Secretary of the Interior, to designate the municipalities in the specially organized provinces where the provisions of this Act shall be applied.

Sec. 20. Transitory provisions. — All rights, duties and powers established by Act Numbered thirty-six hundred and thirteen, entitled the Marriage Law, with the reference to the procedure for the issuance of the marriage license prior to the solemnization of marriage, the registration, of marriages, and the filing of the documents in connection therewith, conferred and imposed by said Act upon the clerk of the Municipal Court of Manila and the municipal secretaries, are hereby transferred to the officer of the Health Service in accordance with section three of this Act, and to the municipal treasurers, respectively, in their capacity as local registrars.

All duties and powers established by subsections (d) and (e) of section twenty-one hundred and twelve of the Administrative Code, imposed and conferred by said section upon the municipal secretaries, are hereby likewise transferred to the municipal treasurers in their capacity as local civil registrars.

Sec. 21. All acts or parts of acts inconsistent herewith are hereby repealed.

Sec. 22. This Act shall take effect three months after its approval.

Approved: November 26, 1930



**Republic of the Philippines**  
**PHILIPPINE STATISTICS AUTHORITY**  
**Quezon City**

**ADMINISTRATIVE ORDER NO. 1**  
**Series of 2016**

**Subject: REVISED IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 9255 (An Act Allowing Illegitimate Children to Use the Surname of Their Father, Amending for the Purpose Article 176 of Executive Order No. 209, Otherwise Known as the "Family Code of the Philippines")**

As mandated by Republic Act No. 10625, the Civil Registrar General promulgates the Revised Implementing Rules and Regulations of Republic Act No. 9255 based on the Supreme Court Ruling in the case of "Grande vs. Antonio", G.R. 206248 dated February 18, 2014.

**Rule 1. Coverage**

This Revised Implementing Rules and Regulations shall apply to all illegitimate children born during the effectivity of R.A. No. 9255;

**Rule 2. Definition of Terms**

As used in this Revised Implementing Rules and Regulations, the following terms shall mean:

- 2.1 Public Document refers to the Affidavit of Admission of Paternity and other public documents enumerated under Memorandum Circular 04-12 dated October 18, 2004 attached as Annex A.
- 2.2 Private Handwritten Instrument is an instrument in the handwriting of the father and duly signed by him where he expressly recognizes the paternity of the child during his lifetime.
- 2.3 Affidavit to Use the Surname of the Father (AUSF) is an instrument executed in order to use the surname of the father. The AUSF is a registrable document.
- 2.4 Local Civil Registry Office (LCRO) is a department in the city or municipal government mandated to perform civil registration functions.
- 2.5 Philippine Foreign Service Post (PFSP) refers to all Philippine embassies, missions, consulates general and other foreign service establishments maintained by the Department of Foreign Affairs

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(Section 5[k] of Republic Act No. 7157 (An Act Revising Republic Act No. 708, as amended)).

As used in this Revised Implementing Rules and Regulations, the PFSP shall refer only to Embassies and Consulates General of the Philippines abroad. The Embassy is headed by an Ambassador while the Consulate General is headed by a Consul General. The Ambassador is the head of the PFSP while a Consulate General is headed by the Consul General who has also Consul and/or Vice Consul to assist him in the performance of the consular functions. An Embassy has a Consular Section and this is under the Consul General who supervises the consular functions of the Embassy.

- 2.6 The Civil Registrar General (CRG) is the head of the Philippine Statistics Authority who has the power to issue orders and instructions to the Local Civil Registrars regarding the performance of their duties.
- 2.7 Guardian refers to a person lawfully invested with the power, and charged with the duty, of taking care of one who, for defect of age, understanding, or self control, is considered incapable of administering his own affairs. The term “guardian” also refers to those authorized to exercise substitute parental authority over the child in default of parents or a judicially-appointed guardian (Title IX, Family Code). Those exercising substitute parental authority are the following:
- 1) The surviving grandparent, as provided in Article 214, Family Code of the Philippines;
  - 2) The oldest brother or sister, over 21 years of age, unless unfit or disqualified (Article 216(2), Family Code; and
  - 3) The child’s actual custodian, over 21 years of age, unless unfit or disqualified , as provided in Article 216(3), Family Code of the Philippines.
- 2.8 Certificate of Live Birth (COLB) or Municipal Form No. 102 is the prescribed form used for the declaration of facts and circumstances surrounding the birth of a person for purposes of registration.
- 2.9 Report of Birth (ROB) is the prescribed form used for the declaration of facts and circumstances surrounding the birth of a person born abroad to Filipino parent/s for purposes of registration.



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**Rule 3. What to File**

The following documents shall be filed at the LCRO or PFSP for registration:

- 3.1 Affidavit of Admission of Paternity
- 3.2 Private Handwritten Instrument
- 3.3 Affidavit to Use the Surname of the Father

**Rule 4. Who may file**

The following persons are authorized to file at the LCRO or PFSP:

- 4.1 The father, mother, the person himself, if of age, or the guardian, may file the Affidavit of Admission of Paternity.
- 4.2 The father, mother, the person himself, if of age, or the guardian, may file the Affidavit to Use the Surname of the father.
- 4.3 The father shall personally file the Private Handwritten Instrument (PHI), if the proof of filiation is through a PHI, at the LCRO/PFSP for registration.

The mother, the person himself, if of age, or the guardian, may file the PHI if the father is already deceased. The PHI can be accepted provided there are supporting documents to prove filiation.

**Rule 5. Where to register**

For births that occur in the Philippines, the Affidavit of Admission of Paternity, Private Handwritten Instrument or Affidavit to Use the Surname of the Father executed in the Philippines shall be registered at the LCRO of the place of birth.

For births that occur within or outside the Philippines, the Affidavit of Admission of Paternity, Private Handwritten Instrument or Affidavit to Use the Surname of the Father executed outside the Philippines shall be registered at the PFSP of the country of residence, or where there is none, to the PFSP of the country nearest the place of residence of the party concerned.

For births that occur outside the Philippines, the Affidavit of Admission of Paternity, Private Handwritten Instrument, or Affidavit to Use the Surname of the Father executed in the Philippines shall be registered at the Local Civil Registry Office of the place of execution.

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**Rule 6. When to Register**

The Affidavit of Admission of Paternity, Private Handwritten Instrument, or the Affidavit to Use the Surname of the Father shall be registered within twenty (20) days from the date of execution. Otherwise, the rules on delayed registration under Administrative Order No. 1, Series of 1993 (IRR of Act. No. 3753 and Other Laws on Civil Registration) shall apply.

**Rule 7. How to Register**

- 7.1 The City/Municipal Civil Registrar (C/MCR), Consul General, Consul, or Vice Consul shall examine the completeness and correctness of entries in the Certificate of Live Birth (COLB)/Report of Birth (ROB), and the supporting documents. If there are inconsistencies, the C/MCR, Consul General, Consul, or Vice Consul, shall not accept the documents for registration.
- 7.2 Accept the following documents for registration:
  - COLB/ROB
  - Affidavit of Admission of Paternity
  - Private Handwritten Instrument
  - Affidavit to Use the Surname of the Father
- 7.3 Record the entries of the COLB/ROB in the Register of Births, Affidavit of Admission of Paternity, Private Handwritten Instrument and the Affidavit to Use the Surname of the Father in the Register of Legal Instruments.
- 7.4 Annotate the COLB/ROB and enter the annotation on the Remarks portion of the Register of Births.
- 7.5 Distribute the annotated COLB/ROB, registered Affidavit of Admission of Paternity, Affidavit to Use the Surname of the Father, or Private Handwritten Instrument including any supporting document as follows:
  - first copy to the CRG;
  - second copy to the LCRO/PFSP where the event was registered;
  - third copy to the registrant/owner of the document;
  - fourth copy shall be retained for filing by the LCRO/PFSP.
- 7.6 Issue certified copies of COLB/ROB or certified transcription (LCR Form 1A) with annotations and certified copies of the Affidavit of Admission of Paternity, AUSF, and Private Handwritten Instrument.



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**Rule 8. Effects of Recognition**

- 8.1 As a rule, an illegitimate child not acknowledged by the father shall use the surname of the mother.
- 8.2 Illegitimate child acknowledged by the father shall use the surname of the mother if no AUSF is executed.
- 8.3 An illegitimate child aged 0-6 years old acknowledged by the father shall use the surname of the father, if the mother or the guardian, in the absence of the mother, executes the AUSF.
- 8.4 An illegitimate child aged 7 to 17 years old acknowledged by the father shall use the surname of the father if the child executes an AUSF fully aware of its consequence as attested by the mother or guardian.
- 8.5 Upon reaching the age of majority, an illegitimate child acknowledged by the father shall use the surname of his father provided that he executes an AUSF without need of any attestation.

**Rule 9. Annotations**

**9.1 For births not yet registered:**

**9.1.1 Without Affidavit to Use the Surname of the Father**

- a. If Affidavit of Admission of Paternity at the back of the COLB is executed and there is no AUSF executed by the mother or the person himself, the child shall be registered under the surname of the mother. There shall be no annotation on the COLB. However, there shall be annotation on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity)."*

- b. If a separate Affidavit of Admission of Paternity is executed and there is no AUSF executed by the mother or the person himself, the child shall be registered under the surname of the mother. There shall be an annotation on the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity) under (Registry No. of the Affidavit of Admission of Paternity)."*

- c. If a Private Handwritten Instrument is executed and there is no AUSF executed by the mother or the person himself, the child shall be registered under the surname of the mother. There shall

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be an annotation on the COLB/ROB and on the Remarks Column on the Register of Births as follows:

*"Acknowledged by (name of father) under (Registry No. of the Private Handwritten Instrument)."*

**9.1.2 With Affidavit to Use the Surname of the Father**

- a. If Affidavit of Admission of Paternity at the back of the COLB is executed and an AUSF is executed by the mother or the guardian, in the absence of the mother, or the person himself, the child shall be registered under the surname of the father. There shall be no annotation on the COLB. However, there shall be annotation on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity) pursuant to RA 9255."*

- b. If Affidavit of Admission of Paternity is executed in a separate public document, and an AUSF is executed by the mother or the guardian, in the absence of the mother, or the person himself, the child shall be registered under the surname of the father. There shall be an annotation on the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity) under (Registry No. of the Affidavit of Admission of Paternity)" pursuant to RA 9255."*

- c. If a Private Handwritten Instrument is executed and an AUSF is executed by the mother or the guardian, in the absence of the mother or the person himself, the child shall be registered under the surname of the father. There shall be an annotation on the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) under (Registry No. of the Private Handwritten Instrument)" pursuant to RA 9255."*

**9.2 For births previously registered under the surname of the mother and not acknowledged by the father**

**9.2.1 Without Affidavit to Use the Surname of the Father**

- a. If Affidavit of Admission of Paternity is executed in a separate public document and there is no AUSF executed by the mother or the guardian, in the absence of the mother, or the person

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himself, the COLB/ROB and on the Remarks Column of the Register of Births shall be annotated as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity) under (Registry No. of the Affidavit of Admission of Paternity)."*

- b. If a Private Handwritten Instrument is presented and there is no AUSF executed by the mother or the guardian, in the absence of the mother, or the person himself, the COLB/ROB and on the Remarks Column of the Register of Births shall be annotated as follows:

*"Acknowledged by (name of father) under (Registry No. of the Private Handwritten Instrument)."*

#### **9.2.2. With Affidavit to Use the Surname of the Father**

- a. If Admission of Paternity is executed in a separate public document, and an AUSF is executed by the mother or the guardian, in the absence of the mother, or the person himself, the child shall use the surname of the father. There shall be an annotation in the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) on (date of execution of the Affidavit of Admission of Paternity) under (Registry No. of the Affidavit of Admission of Paternity). The child shall be known as (full name of the child) pursuant to RA 9255."*

- b. If a Private Handwritten Instrument is presented and an AUSF is executed by the mother or the guardian, in the absence of the mother, or the person himself, the child shall use the surname of the father. There shall be an annotation on the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*"Acknowledged by (name of father) under (Registry No. of the Private Handwritten Instrument)." The child shall be known as (full name of the child) pursuant to RA 9255."*

### **9.3 For births previously registered using the surname of the mother and the child is acknowledged by the father**

#### **9.3.1 With Affidavit to Use the Surname of the Father**

If the AUSF is executed by the mother or the guardian, in the absence of the mother, or the person himself, the child shall use the surname of the father. There shall be an annotation on the COLB/ROB and on the Remarks Column of the Register of Births as follows:

*SSB*

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*"The child shall be known as (full name of the child) pursuant to RA 9255."*

**Rule 10. Separability Clause**

If any provision of this Revised Implementing Rules and Regulations is declared void or unconstitutional, the remaining portions or provisions thereof shall not be affected by such declaration.

**Rule 11. Repealing Clause**

All circulars, memoranda, rules and regulations or parts thereof inconsistent with the provisions of this Revised Implementing Rules and Regulations are hereby repealed or modified accordingly.

**Rule 12. Effectivity**

This Revised Implementing Rules and Regulations shall take effect 15 days after its publication in a newspaper of general circulation in the Philippines.

Approved this 22<sup>nd</sup> of March 2016.

*Lisa Grace S. Bersales*  
**LISA GRACE S. BERSALES, Ph.D.**  
National Statistician and Civil Registrar General

## ANNEX C– CERTIFICATE OF LIVE BIRTH (TIMELY)

Municipal Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)	
CERTIFICATE OF LIVE BIRTH					
Province <b>ORIENTAL MINDORO</b>				Registry No. <b>2014-1200</b>	
City/Municipality <b>MANSALAY</b>					
CHILD	1. NAME (First) <b>JUAN</b>		(Middle) <b>DELA CRUZ</b>		(Last) <b>CRUZ</b>
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>02</b> (Month) <b>JULY</b> (Year) <b>2014</b>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>MANSALAY GENERAL HOSPITAL</b>		(City/Municipality) <b>MANSALAY</b>		(Province) <b>ORIENTAL MINDORO</b>
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIFTH</b>	6. WEIGHT AT BIRTH <b>4000</b> grams	
MOTHER	7. MAIDEN NAME (First) <b>CLAUDINE</b>		(Middle) <b>GARCIA</b>		(Last) <b>DELA CRUZ</b>
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		
	10a. Total number of children born alive <b>5</b>	10b. No. of children still living including this birth <b>5</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>ELEMENTARY SCHOOL TEACHER</b>	
	12. AGE at the time of this birth (completed years) <b>30</b>				
	13. RESIDENCE (House No., St., Barangay) <b>59 BRGY IPIL</b>		(City/Municipality) <b>MANSALAY</b>		(Province) <b>ORIENTAL MINDORO</b> (Country) <b>PHILIPPINES</b>
FATHER	14. NAME (First) <b>JOSE</b>		(Middle) <b>HERMOSA</b>		(Last) <b>CRUZ</b>
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		17. OCCUPATION <b>RICE FARMER</b>
	18. AGE at the time of this birth (completed years) <b>32</b>				
	19. RESIDENCE (House No., St., Barangay) <b>59 BRGY IPIL</b>		(City/Municipality) <b>MANSALAY</b>		(Province) <b>ORIENTAL MINDORO</b> (Country) <b>PHILIPPINES</b>
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
20a. DATE (Month) <b>JUNE</b> (Day) <b>15</b> (Year) <b>2013</b>		20b. PLACE (City / Municipality) <b>MANSALAY</b>		(Province) <b>ORIENTAL MINDORO</b> (Country) <b>PHILIPPINES</b>	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)					
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>06:45 AM</b> am/pm on the date of birth specified above.					
Signature _____ Name in Print <b>GREGORIO M. ROXAS MD</b> Title or Position <b>PHYSICIAN</b>			Address <b>POBLACION MANSALAY, ORIENTAL MINDORO</b> Date <b>JULY 4, 2014</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.			23. PREPARED BY Signature _____ Name in Print <b>NELIA M. SALAZAR</b> Title or Position <b>NURSE AIDE II</b> Date <b>JULY 4, 2014</b>		
24. RECEIVED BY Signature _____ Name in Print <b>JOSEPHINE D. MESODA</b> Title or Position <b>ADMINISTRATIVE ASST. IV</b> Date <b>JULY 7, 2014</b>			25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>ROBERTO M. PANDILLA</b> Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b> Date <b>JULY 7, 2014</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
<div style="display: flex; justify-content: space-between;"> <span>8</span><span>9</span><span>11</span><span>13</span><span>15</span><span>16</span><span>17</span><span>19</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0</span><span>1</span><span>0</span><span>8</span><span>2</span><span>3</span><span>4</span><span>6</span><span>0</span><span>8</span><span>0</span><span>5</span><span>2</span><span>0</span><span>7</span><span>0</span><span>1</span><span>0</span><span>8</span><span>6</span><span>1</span><span>1</span><span>6</span><span>0</span><span>8</span><span>0</span><span>5</span><span>2</span><span>0</span><span>7</span> </div>					



## Annex C – Certificate of Live Birth (Timely)

<b>AFFIDAVIT OF ACKNOWLEDGMENT/ AFFIDAVIT OF PATERNITY</b>	
(For births before 3 August 1988)	(For births on or after 3 August 1988)
I/We, _____ and _____ of legal age, am/are the natural mother and/or father of _____, who was born on _____ at _____.	
I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child.	
_____ (Signature Over Printed Name of Father)	_____ (Signature Over Printed Name of Mother)
<b>SUBSCRIBED AND SWORN</b> to before me this _____ day of _____, _____ by _____ and _____, who exhibited to me (his/her) Community Tax Cert. No. _____ issued on _____ at _____	
_____ Signature of the Administering Officer	_____ Position / Title / Designation
_____ Name in Print	_____ Address

### AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I \_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with residence and postal address at \_\_\_\_\_ after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:  
☐ my birth in \_\_\_\_\_ on \_\_\_\_\_  
☐ the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
- That I am/he/she is a citizen of \_\_\_\_\_
- That my/his/her parents were ☐ married on \_\_\_\_\_ at \_\_\_\_\_  
☐ not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_
- (For the applicant only) That I am married to \_\_\_\_\_  
(If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature Over Printed Name of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines, affiant who exhibited to me his Community Tax Cert. issued on \_\_\_\_\_ at \_\_\_\_\_.

_____ Signature of the Administering Officer	_____ Position / Title / Designation
_____ Name in Print	_____ Address

# ANNEX D – CERTIFICATE OF LIVE BIRTH (DELAYED)

Municipal Form No. 102 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b>			
Province <b>BATANGAS</b>		Registry No. <b>2014-12</b>	
City/Municipality <b>LIPA CITY</b>			
CHILD	1. NAME (First) <b>SARAH MAE</b> (Middle) <b>AQUINO</b> (Last) <b>OCAMPO</b>		
	2. SEX (Male / Female) <b>FEMALE</b> 3. DATE OF BIRTH (Day) <b>30</b> (Month) <b>NOVEMBER</b> (Year) <b>2013</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>CARE LYING-IN CENTER 54 TALAKITOK ST. LIPA CITY BATANGAS</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>TWIN</b> 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>FIRST</b> 5c. BIRTH ORDER (Order of this birth to previous live births, including fetal death) (First, Second, Third, etc.) <b>SECOND</b> 6. WEIGHT AT BIRTH <b>3250</b> grams		
MOTHER	7. MAIDEN NAME (First) <b>MARICEL</b> (Middle) <b>TRIPON</b> (Last) <b>AQUINO</b>		
	8. CITIZENSHIP <b>FILIPINO</b> 9. RELIGION/RELIGIOUS SECT <b>BORN AGAIN CHRISTIAN</b>		
	10a. Total number of children born alive <b>3</b> 10b. No. of children still living including this birth <b>2</b> 10c. No. of children born alive but are now dead <b>1</b> 11. OCCUPATION <b>DRY GOODS VENDOR</b> 12. AGE at the time of this birth (completed years) <b>27</b>		
	13. RESIDENCE (House No., St., Barangay) <b>44 LAPU LAPU ST, BRGY. PUGOY</b> (City/Municipality) <b>LIPA CITY</b> (Province) <b>BATANGAS</b> (Country) <b>PHILIPPINES</b>		
FATHER	14. NAME (First) <b>NATHANIEL</b> (Middle) <b>DELGADO</b> (Last) <b>OCAMPO</b>		
	15. CITIZENSHIP <b>FILIPINO</b> 16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b> 17. OCCUPATION <b>BUS DRIVER</b> 18. AGE at the time of this birth (completed years) <b>30</b>		
	19. RESIDENCE (House No., St., Barangay) <b>44 LAPU LAPU ST, BRGY. PUGOY</b> (City/Municipality) <b>LIPA CITY</b> (Province) <b>BATANGAS</b> (Country) <b>PHILIPPINES</b>		
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)		
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>06:45 AM</b> am/pm on the date of birth specified above.			
Signature _____ Name in Print <b>ESTHER M. MANLANGIT</b> Title or Position <b>PHYSICIAN</b>		Address <b>54 TALAKITOK ST. BRGY. PUGOY, LIPA CITY BATANGAS</b> Date <b>NOVEMBER 30, 2013</b>	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print <b>NATHANIEL D. OCAMPO</b> Relationship to the Child <b>FATHER</b> Address <b>44 LAPU LAPU SR. BRGY. PUGOY</b> Date <b>NOVEMBER 30, 2013</b>		23. PREPARED BY Signature _____ Name in Print <b>ESTELA V. MARTINEZ</b> Title or Position <b>NURSE I</b> Date <b>NOVEMBER 30, 2013</b>	
24. RECEIVED BY Signature _____ Name in Print <b>LAURA L. SALAS</b> Title or Position <b>REGISTRATION OFFICER I</b> Date <b>JANUARY 5, 2014</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>ELOISA TAN LABRADOR</b> Title or Position <b>CITY CIVIL REGISTRAR</b> Date <b>JANUARY 6, 2014</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 8 9 11 13 15 16 17 19 0 1 9 9 5 2 2 6 0 8 0 1 0 1 4 0 1 0 8 8 3 2 6 0 8 0 1 0 1 4			



## Annex D – Certificate of Live Birth (Delayed)

<b>AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY</b> <small>(For births before 3 August 1988)      (For births on or after 3 August 1988)</small>	
<p>I/We, <u>NATHANIEL DELGADO OCAMPO</u> and <u>MARICEL TRIPON AQUINO</u>,  of legal age, am/are the natural mother and/or father of <u>SARAH MAE AQUINO OCAMPO</u>, who was  born on <u>NOVEMBER 30, 2013</u> at <u>LIPA CITY, BATANGAS</u>.</p> <p>I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  acknowledging my/our child.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">   <u>NATHANIEL D. OCAMPO</u>  <small>(Signature Over Printed Name of Father)</small> </div> <div style="width: 45%; text-align: center;">   <u>MARICEL TRIPON AQUINO</u>  <small>(Signature Over Printed Name of Mother)</small> </div> </div>	
<p><b>SUBSCRIBED AND SWORN</b> to before me this <u>6th</u> day of <u>JANUARY 2014</u>, _____ by  <u>NATHANIEL DELGADO OCAMPO</u> and <u>MARICEL TRIPON AQUINO</u>, who exhibited to me (his/her)  Community Tax Cert. No. <u>174652</u> issued on <u>JANUARY 4, 2014</u> at  <u>LIPA CITY, BATANGAS</u>.</p>	
 Signature of the Administering Officer <u>ELOISA TAN LABRADOR</u> <small>Name in Print</small>	<b>CITY CIVIL REGISTRAR</b> Position / Title / Designation <u>PALMERA SUBD. LIPA CITY, BATANGAS</u> Address

<b>AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH</b> <small>(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)</small>	
<p>I <u>NATHANIEL D. OCAMPO</u>, of legal age, single/married/divorced/widow/widower, with  residence and postal address at <u>44 LAPU LAPU ST. BRGY PUGAY, LIPA CITY BATANGAS</u>  _____ after having been duly sworn in accordance with law, do hereby depose and say:</p>	
<p>1. That I am the applicant for the delayed registration of:</p> <div style="display: flex; margin-top: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>my birth in _____ on _____</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/></div> <div>the birth of <u>SARAH MAE AQUINO OCAMPO</u> who was born in <u>LIPA CITY, BATANGAS</u>  on <u>NOVEMBER 30, 2013</u>.</div> </div>	
<p>2. That I/he/she was attended at birth by <u>DR. ESTHER M. MANLANGIT</u> who resides at  <u>PALMERA SUBD. LIPA CITY, BATANGAS</u></p>	
<p>3. That I am/he/she is a citizen of <u>PHILIPPINES</u></p>	
<p>4. That my/his/her parents were <input type="checkbox"/> married on _____ at _____  <u>NOT APPLICABLE</u>  <input checked="" type="checkbox"/> not married but I/he/she was acknowledged/not acknowledged by my/his/her  father whose name is <u>NATHANIEL DELGADO OCAMPO</u></p>	
<p>5. That the reason for the delay in registering my/his/her birth was  <u>THAT THE CARE LYING IN CENTER FORGOT TO SUBMIT, AT THE OFFICE OF THE LCR</u></p>	
<p>6. (For the applicant only) That I am married to _____  (If the applicant is other than the document owner) That I am the <u>FATHER</u> of the said person.</p>	
<p>7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.</p>	
<p>In truth whereof, I have affixed my signature below this <u>6th</u> day of <u>JANUARY 2014</u>  at <u>LIPA CITY, BATANGAS</u>, Philippines.</p> <div style="text-align: right; margin-top: 10px;">   <u>NATHANIEL D. OCAMPO</u>  <small>(Signature Over Printed Name of Affiant)</small> </div>	
<p><b>SUBSCRIBED AND SWORN</b> to before me this <u>6th</u> day of <u>JANUARY 2014</u>, _____ at  <u>LIPA CITY, BATANGAS</u>, Philippines, affiant who exhibited to me his Community Tax Cert.  <u>174652</u> issued on <u>JANUARY 4, 2014</u> at <u>LIPA CITY, BATANGAS</u>.</p>	
 Signature of the Administering Officer <u>ELOISA TAN LABRADOR</u> <small>Name in Print</small>	<b>CITY CIVIL REGISTRAR</b> Position / Title / Designation <u>LIPA CITY, BATANGAS</u> Address

# ANNEX E- CERTIFICATE OF DEATH

Municipal Form No. 103 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF DEATH</b>			
Province <b>ORIENTAL MINDORO</b> City/Municipality <b>MANSALAY</b>		Registry No. <b>2014-1152</b>	
1. NAME (First) (Middle) (Last) <b>NILDA MELENDREZ CLARO</b>		2. SEX (Male/Female) <b>FEMALE</b>	
3. DATE OF DEATH (Day, Month, Year) <b>31 JANUARY 2014</b>		4. DATE OF BIRTH (Day) (Month) (Year) <b>05 JANUARY 1970</b>	
5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <b>44</b>		b. IF UNDER 1 YEAR [1] Months [0] Days c. IF UNDER 24 HRS. Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>SOTTO MED. CENTER MANSALAY ORIENTAL MINDORO</b>		7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <b>MARRIED</b>	
8. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		9. CITIZENSHIP <b>FILIPINO</b>	
10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>BRGY. BULACAO, MANSALAY, ORIENTAL MINDORO, PHILIPPINES</b>			
11. OCCUPATION <b>NURSING ATTENDANT</b>		12. NAME OF FATHER (First, Middle, Last) <b>PRIMO SALAS MELENDREZ</b>	
		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>LUCIA MALDA BELLENA</b>	
<b>MEDICAL CERTIFICATE</b> (For ages 0 to 7 days, accomplish items 14-19a at the back)			
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)			
I. Immediate cause : a. <b>PERITONITIS</b>		Interval Between Onset and Death <b>2 DAYS</b>	
Antecedent cause : b. <b>STRANGULATED FEMORAL HERNIA WITH BOWEL PERFORATION</b>		<b>2 WEEKS</b>	
Underlying cause : c.			
II. Other significant conditions contributing to death: <b>HYPERTENSION</b>		<b>UNKNOWN</b>	
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)			
<input checked="" type="checkbox"/> a. pregnant, not in labour <input type="checkbox"/> b. pregnant, in labour <input type="checkbox"/> c. less than 42 days after delivery <input type="checkbox"/> d. 42 days to 1 year after delivery <input type="checkbox"/> e. None of the choices			
19d. DEATH BY EXTERNAL CAUSES			
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)		20. AUTOPSY (Yes / No) <b>NO</b>	
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)			
21a. ATTENDANT		21b. If attended, state duration (mm/dd/yy)	
1 Private Physician    2 Public Health Officer    3 Hospital Authority    4 None    5 Others (Specify)		From <b>01/29/14</b> To <b>01/31/14</b>	
22. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at <b>05:00 AM</b> am/pm on the date of death specified above.			
Signature <i>[Signature]</i> Name in Print <b>KIMBERLY B. ESTREMOS, MD</b> Title or Position <b>PHYSICIAN</b> Address <b>SMC, MANSALAY, ORIENTAL MINDORO</b> Date <b>JANUARY 31, 2014</b>		REVIEWED BY: <i>[Signature]</i> <b>ROEL R. SANDOVAL, MEDICAL OFFICER III</b> Signature Over Printed Name of Health Officer Date <b>FEBRUARY 3, 2014</b>	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <b>BURIAL</b>		24a. BURIAL/CREMATION PERMIT Number <b>4612101</b> Date Issued <b>FEBRUARY 3, 2014</b>	
		24b. TRANSFER PERMIT Number Date Issued	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>MANSALAY PUBLIC CEMETERY, MANSALAY, ORIENTAL MINDORO</b>			
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		27. PREPARED BY	
Signature <i>[Signature]</i> Name in Print <b>PAUL N. CLARO</b> Relationship to the Deceased <b>HUSBAND</b> Address <b>BRGY. BULACAO, ORIENTAL MINDORO</b> Date <b>JANUARY 31, 2014</b>		Signature <i>[Signature]</i> Name in Print <b>ALBERT B. CAPOY, R.N.</b> Title or Position <b>NURSE ON DUTY</b> Date <b>JANUARY 31, 2014</b>	
28. RECEIVED BY Signature <i>[Signature]</i> Name in Print <b>SARAH B. SOLOMON</b> Title or Position <b>ADMINISTRATION AIDE III</b>		29. REGISTERED BY THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print <b>ISIDRO A. INOC</b> Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5 8 9 10 11 19a(a)/19b 19a(c) <b>2 4 4 0 8 0 1 6 0 8 0 5 2 0 7 5 1 3 2</b>			



## Annex E – Certificate of Death

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____	
<b>MEDICAL CERTIFICATE</b>		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant _____		
b. Other diseases/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 20		

POSTMORTEM CERTIFICATE OF DEATH	
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____	
Signature _____ Title/Designation _____	
Name in Print _____ Address _____	
Date _____	

CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed <u>NILDA MELENDREZ CLARO</u> following all the regulations prescribed by the Department of Health.	
Signature <u></u>	Title/Designation _____
Name in Print <u>MICHAEL S. CRUZ</u>	License No. <u>LICENSE EMBALMER</u>
Address <u>MANSALAY, ORIENTAL MINDORO</u>	Issued on <u>JANUARY 31, 2014</u> at <u>CALAPAN, ORIENTAL MINDORO</u>
	Expiry Date <u>MAY 15, 2015</u>


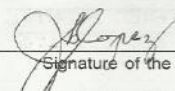
AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH	
I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:	
1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.	
2. That the deceased at the time of his/her death:	
<input type="checkbox"/> was attended by _____;	
<input type="checkbox"/> was not attended.	
3. That the cause of death of the deceased was _____.	
4. That the reason for the delay in registering this death was due to _____.	
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.	
In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.	
_____ (Signature Over Printed Name of Affiant)	
SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ issued on _____ at _____.	
Signature of the Administering Officer _____	Position / Title / Designation _____
Name in Print _____	Address _____

## ANNEX F – CERTIFICATE OF FETAL DEATH


Municipal Form No. 103A (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)		
CERTIFICATE OF FETAL DEATH						
Province <u>DAVAO DEL SUR</u>			Registry No. <u>2014-133</u>			
City/Municipality <u>STA. CRUZ</u>						
FETUS	1. NAME (First) (Middle) (Last)					
	ANGELITO					
	2. SEX (Male/Female/Undetermined)		3. DATE OF DELIVERY (Day) (Month) (Year)			
	MALE		ANGGIT PEDROSA 20 MAY 2014			
	4. PLACE OF DELIVERY (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)					
MOTHER	5a. TYPE OF DELIVERY (Single, Twin, Triplet, etc.)		5b. IF MULTIPLE DELIVERY, FETUS WAS (First, Second, Third, etc.)			
	SINGLE		NOT APPLICABLE			
	5c. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)		5d. BIRTH ORDER (live births and fetal deaths including this delivery) (First, Second, Third, etc.)		5e. WEIGHT OF FETUS grams	
	NORMAL		FOURTH		2,200	
	6. MAIDEN NAME (First) (Middle) (Last)					
FATHER	EDRAMAE					
	7. CITIZENSHIP		8. RELIGION/RELIGIOUS SECT		9. OCCUPATION	
	FILIPINO		R. CATHOLIC		HOUSEWIFE	
	11a. Total number of children born alive		11b. No. of children still living		11c. No. of children born alive but are now dead	
	3		3		0	
12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		BRGY. TUBAN, STA. CRUZ, DAVAO DEL SUR PHILIPPINES				
13. NAME (First) (Middle) (Last)		JERSON CRUZ PEDROSA				
14. CITIZENSHIP		15. RELIGION/RELIGIOUS SECT		16. OCCUPATION		
FILIPINO		R. CATHOLIC		TRICYCLE DRIVER		
17. AGE at the time of this delivery (completed years)		31				
MARRIAGE OF PARENTS						
18a. DATE (Month) (Day) (Year)		18b. PLACE (City/Municipality) (Province) (Country)				
MAY 25 2013		SAN ROQUE PARISH STA. CRUZ, DAVAO DEL SUR PHIL.				
19. CAUSES OF FETAL DEATH						
a. Main disease/condition of fetus FETAL DEATH IN UTERO (FDIU)						
b. Other diseases/conditions of the fetus T/C CONGENITAL ANOMALY						
c. Main maternal disease/condition affecting fetus W/ BRONCHIAL ASTHMA						
d. Other maternal disease/condition affecting fetus						
e. Other relevant circumstances						
20. FETUS DIED: 1 Before Labor 2 During labor/delivery 3 Unknown						
21. LENGTH OF PREGNANCY (in completed weeks) 38						
22a. ATTENDANT (Physician, Nurse, Midwife, Healer or Traditional Birth Attendant, none, others (specify)) midwife						
22b. CERTIFICATION OF FETAL DEATH						
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ have not attended the death of the fetus at 10:45 am/pm on the date of delivery specified above.						
Signature <u>ELSA V. CAPUNO</u>						
Name in Print <u>ELSA V. CAPUNO</u>						
Title or Position <u>REGISTERED MIDWIFE</u>						
Address <u>BRGY. TUBAN, STA. CRUZ, DAVAO DEL SUR</u>						
Date <u>MAY 21, 2014</u>						
REVIEWED BY: <u>DR. LUISA M. FERNANDEZ, MHO</u>						
Signature Over Printed Name of Health Officer						
Date <u>MAY 21, 2014</u>						
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)		24. BURIAL/CREMATION PERMIT Number		25. AUTOPSY (Yes/No)		
BURIAL		93/3275				
		Date Issued				
		MAY 21, 2014				
26. NAME AND ADDRESS OF CEMETERY OR CREMATORY MUNICIPAL CEMETERY, TUBAN, STA. CRUZ DAVAO DEL SUR						
27. CERTIFICATION OF INFORMANT						
I hereby certify that all information supplied are true and correct to my own knowledge and belief.						
Signature <u>EDRA MAE A. PEDROSA</u>						
Name in Print <u>EDRA MAE A. PEDROSA</u>						
Relationship to the Deceased <u>MOTHER</u>						
Address <u>BRGY. TUBAN, STA. CRUZ, DAVAO DEL SUR</u>						
Date <u>MAY 21, 2014</u>						
28. PREPARED BY						
Signature <u>ELSA V. CAPUNO</u>						
Name in Print <u>ELSA V. CAPUNO</u>						
Title or Position <u>REGISTERED MIDWIFE</u>						
Date <u>MAY 21, 2014</u>						
29. RECEIVED BY						
Signature <u>BOBBY M. RIVERA</u>						
Name in Print <u>BOBBY M. RIVERA</u>						
Title or Position <u>ADMIN. AIDE IV</u>						
Date <u>JULY 1, 2014</u>						
30. REGISTERED BY THE CIVIL REGISTRAR						
Signature <u>JOAN B. LOPEZ</u>						
Name in Print <u>JOAN B. LOPEZ</u>						
Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>						
Date <u>JULY 1, 2014</u>						
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)						
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR						
14 15						
16 19a 19c						




# Annex F – Certificate of Fetal Death

POSTMORTEM CERTIFICATE OF FETAL DEATH	
<p>I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased this _____ day of _____ and that the cause of death was as follows _____</p>	
<p>Signature _____</p> <p>Name in Print _____</p> <p>Date _____</p>	<p>Title/Designation _____</p> <p>Address _____</p>
CERTIFICATION OF EMBALMER	
<p>I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.</p>	
<p>Signature _____</p> <p>Name in Print _____</p> <p>Address _____</p>	<p>Title/Designation _____</p> <p>License No. _____</p> <p>Issued on _____ at _____</p> <p>Expiry Date _____</p>
AFFIDAVIT FOR DELAYED REGISTRATION OF FETAL DEATH	
<p>I, <u>EDRA MAE A. PEDROSA</u>, of legal age, single/married/divorced/widow/widower, with residence and postal address <u>BRGY. TUBAN, STA. CRUZ, DAVAO DEL SUR</u>, after being duly sworn in accordance with law, do hereby depose and say:</p>	
<p>1. That <u>ANGELITO ANGGIT PEDROSA</u> died on <u>MAY 20, 2014</u> in _____ and was buried/cremated in _____ on _____.</p>	
<p>2. That the fetus at the time of his/her death:</p> <p><input checked="" type="checkbox"/> was attended by <u>A REGISTERED MIDWIFE</u>.</p> <p><input type="checkbox"/> was not attended.</p>	
<p>3. That the cause of death of the fetus was <u>FDIU</u>.</p>	
<p>4. That the reason for the delay in registering this fetal death was due to <u>FORGOT TO SUBMIT THE FORM AT LCRO.</u></p>	
<p>5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.</p>	
<p>In truth whereof, I have affixed my signature below this <u>1ST</u> day of <u>JULY</u>, 2014 at <u>LCRO STA. CRUZ, DAVAO DEL SUR</u>, Philippines.</p>	
<p>  <u>EDRA MAE A. PEDROSA</u>            (Signature Over Printed Name of Affiant)</p>	
<p><b>SUBSCRIBED AND SWORN</b> to before me this <u>1ST</u> day of <u>JULY</u>, 2014 at <u>STA. CRUZ, DAVAO DEL SUR</u>, Philippines, affiant who exhibited to me his Community Tax Cert. <u>3397033</u> issued on <u>JULY 1, 2014</u> at <u>STA. CRUZ, DAVAO DEL SUR</u>.</p>	
<p>            _____            Signature of the Administering Officer</p> <p><u>JOAN B. LOPEZ</u>            Name in Print</p>	<p><u>MUNICIPAL CIVIL REGISTRAR</u>            Position / Title / Designation</p> <p><u>STA. CRUZ, DAVAO DEL SUR</u>            Address</p>

## ANNEX G1- ATTACHMENT FOR COLB (MUSLIM)


 IN THE NAME OF ALLAH THE MERCIFUL, THE COMPASSIONATE			
Municipal Form No. 102 (Revised January 2007, attachment)			(To be accomplished in quadruplicate using black ink)
Province <u>LANAO SUR</u>		Registry No.	
City/Municipality <u>MARAWI CITY</u>		2015-01525	
1. NAME OF CHILD (First) (Middle) (Last)			
ROCAYA MACARAYA BISAYA			
2. DATE OF BIRTH (Day) (Month) (Year)			
Gregorian Calendar 20 FEBRUARY 1945			
Hijrah Calendar			
3. ETHNICITY OF THE FATHER		4. ETHNICITY OF THE MOTHER	
MARANAO		MARANAO	
5. INFORMANT			
Signature <u>R. Uy Buraq</u>		Address <u>DIMALNA II, MSU, MARAWI CITY</u>	
Name in Print <u>ROCAYA MACARAYA BISAYA</u>			
Relationship to the Child <u>MYSELF</u>		Date <u>FEB. 5, 2015</u>	

## ANNEX G2- ATTACHMENT FOR COD (MUSLIM)

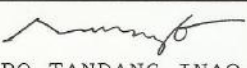
 IN THE NAME OF ALLAH THE MERCIFUL, THE COMPASSIONATE			
Municipal Form No. 103 (Revised January 2007, attachment)			(To be accomplished in quadruplicate using black ink)
Province <u>LANAO DEL SUR</u>		Registry No.	
City/Municipality <u>LUMBAYANAGUE</u>		2015-5	
1. NAME OF DECEASED (First) (Middle) (Last)			
INCLUDING HAJ NAME AND TRADITIONAL TITLE, if any MARABUTI KUHANI MOJAR			
2. DATE OF DEATH (Day) (Month) (Year)			
Gregorian Calendar 09 JUNE 2015			
Hijrah Calendar			
3. DATE OF BIRTH (Day) (Month) (Year)			
Gregorian Calendar 28 FEBRUARY 2000			
Hijrah Calendar			
4. FULL NAME OF SPOUSE(S) in chronological listing			
7. PERSON WHO PERFORMED BURIAL RITES			
Signature		Address <u>LUMBAYANAGUE, LANA DEL SUR</u>	
Name of Officiating Person <u>USTADAH SOIRA BACOLA</u>			
Title/Position/Designation <u>ALIMAH</u>		Date <u>JULY 04, 2013</u>	



## ANNEX H1- ATTACHMENT FOR COLB (IP)

Municipal Form No. 102 (IP Form No. 1) (Revised January 2004, attachment)		
Province <u>ORIENTAL MINDORO</u>	Registry No. <u>2015-3</u>	
City/Municipality <u>PINAMALAYAN</u>		
NAME (First) (Middle) (Last) <u>FELIMONA DULANG ILANG</u>	DATE OF BIRTH (Day) (Month) (Year) <u>15 JANUARY 2015</u>	
ETHNIC AFFILIATION OF THE FATHER <u>MANGYAN</u>	ETHNIC AFFILIATION OF THE MOTHER <u>MANGYAN</u>	
INFORMANT Signature:  Name in Print: <u>ISLAO ILANG</u> Relationship to the Child <u>FATHER</u>		ADDRESS <u>BRGY. DULANG</u> <u>PINAMALAYAN, ORIENTAL</u> <u>MINDORO.</u>

## ANNEX H2- ATTACHMENT FOR COD (IP)

Municipal Form No. 103 (IP Form No. 2) (Revised January 2004, attachment)			
Province <u>IFUGAO</u>		Registry No. <u>2015-64</u>	
City/Municipality <u>BANAUE</u>			
NAME OF THE DECEASED INCLUDING TRADITIONAL TITLE, IF ANY <u>TUMAG ANANAY MONDING</u>			
OTHER NAMES			
DATE OF DEATH (Date) (Month) (Year) <u>27 FEBRUARY 2015</u>		DATE OF BIRTH (Date) (Month) (Year) <u>21 SEPTEMBER 1970</u>	
ETHNIC AFFILIATION OF THE DECEASED <u>IGOROT</u>			
FULL NAME OF SPOUSE (S) in chronological listing <u>PATRICIO JOLOL MONDING</u>			
BURIAL RITES  NAME OF OFFICIATING PERSON: <u>APO TANDANG INAO</u> SIGNATURE _____ ADDRESS: <u>BANAUE, IFUGAO</u> TITLE/POSITION/DESIGNATION: <u>APO LAKAY</u> DATE: <u>MARCH 01, 2015</u>			

## **ANNEX I - REFERENCES**

Act No. 3753 – Law on Registry of Civil Status dated February 27,. 1931

Administrative Order No. 3, Series of 2004 (Rules and Regulations Governing Registration of Acts and Events Concerning Civil Status of Indigenous Peoples)

AO No. 1, series of 2005 dated June 2005 (Rules and Regulations Governing Registration of Acts and Events Concerning Civil Status of Muslim Filipinos

AO No. 2010-0033 the Revised IRR of PD 856, Chapter XXI “Disposal of Dead Persons” issued by DOH.

Civil Registrar General Memorandum Circular 2004-6 dated May 21, 2004

Civil Registrar General Memorandum Circular dated June 30, 2009

Chan Robles Virtual Law Library [ttp://www.chanrobles.com/](http://www.chanrobles.com/)

Commonwealth Act 591- An Act to Create a Bureau of Census and Statistics to Consolidate Statistical Activities of the Government Therein

Handbook for Doctors on cause of death certification, Australia, p. 22 and ICD-10 vol 2 p. 152

Handbook of Vital Statistics Systems and Methods, vol. 1, Legal, Organizational and Technical Aspects, Studies in Methods, Series F, No. 35 (United Nations Publication, Sales No. E91.XVII.5), pars 122-145

Improving the Quality and Use of Birth, Death, and Cause-of-Death Information: Guidance for a Standards-based Review of Countries, World Health Organization and University of Queensland: 2010

International Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision. World Health Organization, Geneva; 2010 (<http://www.who.int/classification>)

Presidential Decree No. 1083 (Shariah Law and the Code of Muslim Personal Laws) dated February 4, 1977

RA 386 Civil Code of the Philippines dated August 30, 1950

Republic Act No. 8371 (An Act To Recognize, Protect And Promote The Rights Of Indigenous Cultural Communities/Indigenous Peoples, Creating A National Commission On Indigenous Peoples, Establishing Implementing Mechanisms, Appropriating Funds Therefor, And For Other Purposes) dated October 29, 1997

RA 9255 (An Act Allowing Illegitimate Children to Use the Surname of the Father)

Rampatige R., et al., Handbook for doctors on cause-of-death certification. HIS Knowledge Hub Capacity Building Tools Series. Brisbane University of Queensland School of Population Health; 2012

Republic Act 10625 – Philippine Statistical Act

United Nations Children's Fund (UNICEF). Birth registration: rights from the start. Innocenti Digest, 2002.

United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3 draft, April 2013 ([http://unstats.un.org/unsd/demographic/standmeth/principles/unedited\\_M19Rev3en.pdf](http://unstats.un.org/unsd/demographic/standmeth/principles/unedited_M19Rev3en.pdf))

## **ANNEX J – PROJECT TEAM**

Hon. Lisa Grace S. Bersales, Ph.D.  
National Statistician and Civil Registrar General

Ms. Estela T. De Guzman  
Deputy National Statistician  
Civil Registration and Central Support Office

Ms. Editha R. Orcilla  
Assistant National Statistician  
Civil Registration Service

Atty. Maribeth C. Pilimpinas  
Assistant National Statistician  
Central Support Service

Ms. Aurora G. Talan-Reolalas  
Chief Statistical Specialist  
Vital Statistics Division (VSD)

Ms. Marizza C. Bince-Grande  
Registration Officer IV  
Civil Registry Management Division (CRMD)

Ms. Janeth F. Baclao  
Registration Officer III, CRMD

Ms. Maria Lea Cristina L. Estandarte  
Statistical Specialist I, VSD

Ms. Mila C. Tabuzo-Cruz  
Statistical Analyst, VSD

Ms. Alma A. Martinez  
Statistical Specialist III, VSD

Ms. Normale M. Orias  
Administrative Officer VI, CRMD

***Resource Persons:***

Ms. Lourdes J. Hufana  
Former Interim Assistant National Statistician  
Civil Registration Service

Ms. Leticia P. Paras-Maglunob  
Former Statistician I, VSD

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