

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

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

Province _____ City/Municipality _____	Registry No. _____
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1. NAME (First) (Middle) (Last)

2. SEX ____ 1 MALE ____ 2 FEMALE	3. RELIGION	4. AGE	a. 1 YEAR OR ABOVE		b. UNDER 1 YEAR			c. UNDER 1 DAY	
			2	Completed Years	1	Months	0	Days	Hrs/Min/Sec

5. PLACE OF DEATH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)

6. DATE OF DEATH (day) (month) (year) 7. CITIZENSHIP

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

9. CIVIL STATUS (1 Single, 2 Married, 3 Widowed, 4 Others, 5 Unknown) 10. OCCUPATION

MEDICAL CERTIFICATE
(For Ages 0 to 7 days accomplish items 11-17 at the back)

17. CAUSES OF DEATH Interval Between Onset and Death

I. Immediate cause : a. _____
Antecedent cause : b. _____
Underlying cause : c. _____

II. Other significant conditions _____
Contributing to death: _____

18. DEATH BY NON-NATURAL CAUSES

a. Manner of Death (1 Homicide, 2 Suicide, 3 Accident, 4 Others (Specify) _____)

b. Place of Occurrence (e.g. home, farm, factory, street, seam, etc.) _____

19. ATTENDANT If attended, state duration: _____

____ 1 Private Physician ____ 4 None From _____, _____

____ 2 Public Health Officer ____ 5 Others (specify) _____

____ 3 Hospital Authority _____

20. CERTIFICATION OF DEATH

I hereby certify that the foregoing particulars are correct as near as same can be ascertain and I further certify that I _____

have not attended the deceased
have attended the deceased and that occurred at _____ am/pm on the date indicated above.

REVIEWED BY:

Signature over printed name
Of Health Officer

Date

Signature _____
Name in Print _____
Title or Position _____
Address _____
Date _____

21. CORPSE DISPOSAL (____ Burial ____ 3 Others (Specify) ____ Cremation)

22. BURIAL/CREAMTION PERMIT Number _____ Date Issued _____

23. AUTOPSY (____ 1 Yes ____ 2 No)

24. NAME AND ADDRESS OF CEMETERY OR CREMATORY

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

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

27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____
Name in Print _____
Title or Position _____
Date _____

FOR OCRG USE ONLY
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____

48 _____

49 _____ 50 _____ 51 _____

54 _____

59 _____ 65 _____

66 _____

71 _____ 72 _____

75 _____

79 _____

80 _____ 82 _____

83 _____

85 _____

86 _____

90 _____

FOR AGES 0 TO 7 DAYS

11. DATE OF BIRTH
(day) (month) (year)

12. AGE OF THE MOTHER

13. METHOD OF DELIVERY
___ 1 Normal; Spontaneous vertex
___ 2 Other (Specify)

14. LENGTH OF PREGNANCY: _____ competed weeks

15. TYPE OF BIRTH
___ 1 Single ___ 2 Twin ___ 3 Triplet, etc.

16. IF MULTIPLE BIRTH, CHILD WAS
___ 1 First ___ 2 Second ___ 3 Others (Specify)

MEDICAL CERTIFICATE

11. 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 FILL UP ITEM 18

POSTMORTEM CERTIFICATE OF DEATH

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

Signature _____
Name in Print _____

Title/Designation _____
Address _____

CERTIFICATION OF EMBALMER

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

Signature _____
Name in Print _____
Address _____

Title/Designation _____
License No. _____
Issued on _____ at _____
Expiry Date _____

Republic of the Philippines _____)
Province of _____)S.S.
City / Municipality of _____)

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

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

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.
2. That the deceased was/was not attended to at the time of his death.
3. That the reason for the delay in registering this death was due to _____.

(Signature of Affiant)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)