

Republic of the Philippines
OFFICE OF THE CIVIL REGISTER 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 _____ | | Registry no. _____ | | FOR OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | |
| City/Municipality _____ | | | | | |
| 1. NAME (First) (middle) (last) | | | | | |
| 2. SEX ___1 Male ___2 Female | | 3. RELIGION | | 4. AGE A G E 2 | |
| | | | | a. 1 YEAR OR ABOVE Completed years | |
| | | | | b. UNDER 1 YEAR Months Days | |
| | | | | c. UNDER 1 DAY 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 ___ 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 Other (Specify) _____ | | | | | |
| b. Place of occurrence (e.g. home, farm, factory, street, sea, etc. _____ | | | | | |
| 19. ATTENDANT If attended, state duration: | | | | | |
| ___1 Private Physician ___2 Public Health Officer ___3 Hospital Authority | | ___4 None ___5 Others (Specify) _____ | | From _____, _____ To _____, _____ | |
| 20. CERTIFICATION OF DEATH <i>I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I</i> | | | | | |
| <input type="checkbox"/> Have not attended the deceased | | | | | |
| <input type="checkbox"/> Have attended the deceased and that death occurred at _____ am/pm on the date indicated above. | | | | | |
| Signature _____ | | REVIEWED BY: _____ Signature over printed name of Health Center _____ Date _____ | | | |
| Name in Print _____ | | | | | |
| Title or Position _____ | | | | | |
| Address _____ | | | | | |
| Date _____ | | | | | |
| 21. CORPPE DISPOSAL ___1 Burial ___2 Cremation ___3 Others (Specify) _____ | | 22. BURIAL / CREMATION PERMIT Number _____ Date Issued _____ | | 23. AUTOPSY ___1 Yes ___2 No | |
| 25. INFORMATION | | | | | |
| 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 _____ | | |

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| 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 Others (Specify) _____ |
| 14. LENGTH OF PREGNANCY _____ completed weeks | | |
| 15. TYPE OF BIRTH ____ 1 Single ____ 2 Twin ____ 3 Triplet, etc. | 16. IF MULTIPLE BIRTH, CHILD WAS ____ 1 First ____ 2 Second ____ 3 Other (specify) _____ | |
| MEDICAL CERTIFICATE | | |
| 11. CAUSES OF DEATH a. Main disease/condition of infant _____ b. Other diseases/conditions of infant _____ c. Main material disease/condition affecting infant _____ d. Other material disease /condition affecting infant _____ e. Other relevant circumstances _____ | | |
| CONTINUE TO FILL UP ITEM 18 | | |

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| POSTMORTEM CERTIFICATE OF DEATH | |
| <i>I HEREBY CERTIFY that I have this _____ day of _____, _____ performed an autopsy upon the body of the deceased and that cause of death was as follows _____</i> | |
| Signature _____ Name in Print _____ | Title/Designation _____ Address _____ _____ |

| | |
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| CERTIFICATION OF EMBALMER | |
| <i>I HEREBY CERTIFY that I have embalmed _____ after having followed all the regulations prescribed by the Department of Health.</i> | |
| Signature _____ Name in Print _____ Address _____ _____ | Title/Designation _____ License No. _____ Issued on _____ at _____ Expiry Date _____ |

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| Republic of the Philippines _____) Province of _____) S. S. City/Municipality _____) | |
| AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH | |
| <i>I, _____, of legal age, single/married, after being Duly sworn to in accordance with law, do hereby depose and say:</i> | |
| 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 _____ | |
| <i>SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines.</i> | |
| _____ (Signature of Administering Officer) | _____ (Title/Designation) |
| _____ (Name in Print) | _____ (Address) |