

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 _____
City/Municipality _____

Registry no. _____

FOR OCRG USE ONLY:
Population Reference No.

1. NAME (First) (middle) (last)

2. SEX: 1 Male, 2 Female
3. RELIGION
4. AGE: 1 YEAR OR ABOVE, UNDER 1 YEAR, UNDER 1 DAY
Completed years, Months, Days, Hrs/Min/Sec

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

5. PLACE OF DEATH (Name of Hospital/clinic/institution/ House No., Street, Barangay) (city/municipality) (province)

41

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

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

48

9. CIVIL STATUS: 1 Single, 2 Married, 3 Widowed, 4 Others
10. OCCUPATION

49 50 51

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: _____

54

59 65

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. _____

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19. ATTENDANT If attended, state duration:
1 Private Physician, 2 Public Health Officer, 3 Hospital Authority, 4 None, 5 Others (Specify) _____
From _____, _____
To _____, _____

71 72

20. 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
 Have not attended the deceased
 Have attended the deceased and that death occurred at _____ am/pm on the date indicated above.

75

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Signature _____
Name in Print _____
Title or Position _____
Address _____
Date _____
REVIEWED BY:
Signature over printed name of Health Center
Date

80 82

21. CORPSE DISPOSAL: 1 Burial, 2 Cremation, 3 Others (Specify) _____
22. BURIAL / CREMATION PERMIT: Number _____, Date Issued _____
23. AUTOPSY: 1 Yes, 2 No

83

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

85

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 _____

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 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		

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 _____ _____

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 _____

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)