

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

Province LANAO DEL SUR	Registry No.
City/Municipality BUTIG	9021

CHILD	1. NAME		(First)	(Middle)	(Last)
			0	0	
	2. SEX	(Male/Female)	3. DATE OF BIRTH		
	MALE		15 FEBRUARY 2024		
	4. PLACE OF BIRTH	(Name of Hospital/Clinic/Institution/ House No.,St.,Barangay)	(City/Municipality)	(Province)	
		OMAR	SULU		
5a. TYPE OF BIRTH	5b. IF MULTIPLE BIRTH,	5c. BIRTH ORDER	6. WEIGHT AT BIRTH		
(Single, Twin, Triplet, etc)	CHILD WAS	(Order of this birth to previous live			
SINGLE	(First, Second, Third etc.)	births including fetal death)	(grams)		
		(First, Second, Third etc.)			
		FIFTEENTH			

M O T H E R	7. MAIDEN NAME (First)		(Middle)		(Last)
	—				~
	8. CITIZENSHIP FILIPINO			9. RELIGION ISLAM	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 99	11. OCCUPATION	12. AGE at the time of this birth (completed years)
R	13. RESIDENCE (House No.,St.,Barangay)		(City/Municipality)	(Province)	(Country)
	MAPUN		TAWI-TAWI	PHILIPPINES	

F A T H E R	14. NAME (First) (Middle) (Last)	
	15. CITIZENSHIP FILIPINO	16. RELIGION ISLAM
	17. OCCUPATION	
M O T H E R	18. AGE at the time of this birth (completed years)	
	19. RESIDENCE (House No.,St.,Barangay) (City/Municipality) (Province) (Country)	
	BUTIG	LANAO DEL SUR PHILIPPINES

MARRIAGE OF PARENTS

20a. DATE	20b. PLACE	(City/Municipality)	(Province)	(Country)
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21a. ATTENDANT
1 Physician _____ 2 Nurse _____ 3 Midwife 4 Hilot (Traditional Birth Attendant) _____ 3 Hilot _____ 5 Others (Specify) X

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 7:50 PM on the date of specified above.

Signature _____ Address _____
 Name in Print _____
 Title or Position _____ Date **22 FEBRUARY 2024**

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 _____ Relationship to the Child <u>FIRST DEGREE COUSIN</u> Address _____ Date <u>20 FEBRUARY 2043</u>	23. PREPARED BY Signature _____ Name in Print <u>JAMILAH MACABINTA</u> Title or Position <u>CLERK 1</u> Date _____
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24. RECEIVED BY Signature _____ Name in Print <u>JAMILAH MACABINTA</u> Title or Position <u>CLERK 1</u> Date _____	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>SOHAILY D. KIRAM</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date _____
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

[illegible]

AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PATERNITY

(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)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by _____ and _____, who exhibited to me his/her CTC/valid ID _____ 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 gurdian or the person himself if 18 years old or over.)

_____, 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:

1. That I am the applicant for the delayed registration of :
☐ my birth in _____ on _____
☐ the birth _____ who was born in _____ on _____.
2. That I/he/she was attended at birth by _____ who resides at _____
3. That I/he/she is a citizen of _____.
4. 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 _____
5. That the reason for the delay in registering my/his/her birth was _____.
6. (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.
7. 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/her CTV/valid ID _____ issued on _____ at _____

Signature of the Administering Officer

MUNICIPAL CIVIL REGISTRAR
Position/Title/Designation

SOHAILY D. KIRAM
Name in Print

BUTIG, LANA O DEL SUR
Address



IN THE NAME OF ALLAH
THE MERCHIFUL, THE COMPASSIONATE

Municipal Form No. 102 (Revised August 2017, attachment)		(To be accomplished in quadruplicate using black ink)	
Province <u>LANAO DEL SUR</u> City/Municipality <u>BUTIG</u>		Registry No. 9021	
1. NAME OF CHILD		(First) 0	(Middle) I
2. DATE OF BIRTH			
Gregorian Calendar		15 February 2024	
Hijrah Calendar		12 08 1445	
3. ETHNICITY OF THE FATHER		4. ETHNICITY OF THE MOTHER 12	
5. INFORMANT			
Signature _____		Address _____	
Name in print _____		_____	
Relationship to the child <u>FIRST DEGREE COUSIN</u>		Date <u>20 FEBRUARY 2043</u>	

Copy Only