

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. \_\_\_\_\_

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, sea, etc.) \_\_\_\_\_

19. ATTENDANT

\_\_\_1 Private Physician \_\_\_2 Public Health Officer \_\_\_3 Hospital Authority \_\_\_4 None \_\_\_5 Others (Specify) \_\_\_\_\_

If attended, state duration:

From \_\_\_\_\_ To \_\_\_\_\_

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.

REVIEWED BY:

Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

Signature over printed name  
of Health Officer

Date

21. CORPSE DISPOSAL

\_\_\_1 Burial \_\_\_2 Cremation \_\_\_3 Others (Specify) \_\_\_\_\_

22. BURIAL/CREMATION PERMIT

Number \_\_\_\_\_ Date Issued \_\_\_\_\_

23. AUTOPSY

\_\_\_1 Yes \_\_\_2 No

24. NAME AND ADDRESS OF CEMETERY OR CREMATORY

25. INFORMANT

Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Relationship to the deceased \_\_\_\_\_

Address \_\_\_\_\_  
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  
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71 72  
\_\_\_\_\_  
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75  
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79  
\_\_\_\_\_

80 82  
\_\_\_\_\_  
\_\_\_\_\_

83  
\_\_\_\_\_

85  
\_\_\_\_\_

86  
\_\_\_\_\_

90  
\_\_\_\_\_

**FOR AGES 0 TO 7 DAYS**

<b>11. DATE OF BIRTH</b> (day)            (month)            (year)	<b>12. AGE OF THE MOTHER</b>	<b>13. METHOD OF DELIVERY</b> _____ 1 Normal; spontaneous vertex _____ 2 Others (Specify) _____
<b>14. LENGTH OF PREGNANCY:</b> _____ completed weeks		
<b>15. TYPE OF BIRTH</b> _____ 1 Single            _____ 2 Twin            _____ 3 Triplet, etc.	<b>16. IF MULTIPLE BIRTH, CHILD WAS</b> _____ 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 material disease/condition affecting infant \_\_\_\_\_

d. Other maternal disease/condition affecting infant \_\_\_\_\_

e. Other relevant circumstances \_\_\_\_\_

CONTINUE TO 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 \_\_\_\_\_ Title/Designation \_\_\_\_\_

Name in Print \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF EMBALMER**

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

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_

Name in Print \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ 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 \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, Philippines

\_\_\_\_\_  
(Signature of Administering Officer)

\_\_\_\_\_  
(Title/Designation)

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Address)