THIS FORM IS NOT FOR SALE



Republic of the Philippines National Statistics Office OFFICE OF THE CIVIL REGISTRAR GENERAL APPLICATION FORM - BIRTH CERTIFICATE



IMPORTANT: PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE FORM

- 1. Please PRINT letters in the spaces provided. Please CHECK (♥) appropriate box(es).
 - 2. A valid ID is required for both owner & requester of document.

3. An authorization is required from representative's upon filing of the application.					
Request for : BIRT	H CERTIFICA	ATE AL	JTHENTICATION	BIRTH CARD	CDLI
Number of copies ?					
Birth Reference No. BReN (if known)			-	<u> </u>	Sex: Male
OWNER'S PERSONAL INFORMATION (For married women, please use maiden name)					
Last Name					
First Name					
Middle Name					
Date of Birth					
	MONTH		DAY	YEAR	
Place of Birth	Oite (Massississis	-114 -			
	City / Municip	ality 			
	Province				
Please specify country if			1 1 1 1		
born abroad only:	0				
NAME OF FATHER					
Last Name					
First Name					
Middle Name					
MAIDEN NAME OF MOTHER					
Last Name					
First Name					
Middle Name					
REGISTERED LATE? No Yes When:					
Requester's Tax Identification No.(TIN (if known)	N)				
PLEASE TURN TO BACK PAGE					
FOR NSO USE ONLY					
TRANSACTION NUM	IBER:				

PURPOSE : Choose one and check (✓) appropriate box						
Claim Benefits / Loa	ans Employm	ent (Local) School Requirement				
Passport / Travel	(Specify Country:	Others (Specify) :				
Employment (abroad) (Specify Country:)						
REQUESTER'S INFORMATION						
	Last Name , First Name	, M I				
Mailing Address	House No. Street Name / Ba	rangay				
City / Municipality						
Province						
Tel. No.						
NOTE: AUTHORIZATION and ID of the document owner together with requester's ID are required if the requester is NOT any of the following: a. the owner of the document; b. his/her parent; c. his/her spouse; I understand that as per PD 603 (Child & Youth Welfare Code), birth certificate documents, if available in this office cannot be released to me without proper authorization from the owner of the document, his/her parent (if minor), his/her spouse, his/her direct descendant, or his/her authorized guardian/institution-in-charge. Signature of Applicant						
		•				
FOR NSO USE ONLY Month Day YEAR For CDLI request only: CDLI type: Proper pages Attachment pages Pages Attachment pages Page						
Received by : Date of receipt :						

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