

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.) _____		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) _____

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

a. Main disease/condition of infant _____

b. Other diseases/conditions of infant _____

c. Main maternal disease/condition affecting infant _____

d. Other maternal disease/condition affecting infant _____

e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.

Signature _____ Title/Designation _____

Name in Print _____ License No. _____

Address _____ Issued on _____ at _____

Expiry Date _____

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.
2. That the deceased at the time of his/her death:
 was attended by _____;
 was not attended.
3. That the cause of death of the deceased was _____.
4. That the reason for the delay in registering this death was due to _____.
5. 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 CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address