PLEASE ANSWER THE CHECKED ITEMS ONLY

Municipal Form No. 103
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF DEATH

Province _____
City/Municipality _____

Registry No.

1. NAME (First) (Middle) (Last) ✓

2. SEX (Male/Female) ✓

3. DATE OF DEATH (Day, Month, Year) ✓

4. DATE OF BIRTH (Day) (Month) (Year) ✓

5. AGE AT THE TIME OF DEATH (Fill-in bellow accdg. to age category)

a. IF 1 YEAR OR ABOVE	b. IF UNDER 1 YEAR		c. IF UNDER 24 HOURS	
[2] Completed years	[1] Months	[0] Days	Hours	Min/Sec
✓				

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) ✓

7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) ✓

8. RELIGION/RELIGIOUS SECT ✓

9. CITIZENSHIP ✓

10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) ✓

11. OCCUPATION ✓

12. NAME OF FATHER (First, Middle, Last) ✓

13. MAIDEN NAME OF MOTHER (First, Middle, Last) ✓

MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) — Interval Between Onset and Death

I. Immediate cause : a. _____ _____
Antecedent cause : b. _____ _____
Underlying cause : c. _____ _____
II. Other significant conditions contributing to death: _____

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)

____ a. pregnant, not in labour ____ b. pregnant, in labour ____ c. less than 42 days after delivery ____ d. 42 days to 1 year after ____ e. None of the choices

19d. DEATH BY EXTERNAL CAUSES

a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____

20. AUTOPSY (Yes/No)

21a. ATTENDANT

____ 1 Private Physician ____ 2 Public Health Officer ____ 3 Hospital Authority ____ 4 None ____ 5 Others Specify _____

21b. If attended, state duration (mm/dd/yy)

From _____ To _____

22. 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 attended/ have not attended the deceased and that death occurred at ✓ _____ am/pm on the date of death specified above.

Signature _____
Name in Print _____
Title of Position _____
Address _____
_____ Date _____

REVIEWED BY:

_____
Signature Over Printed Name of Health Officer

_____
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) ✓

24a. BURIAL/CREMATION PERMIT
Number _____
Date Issued _____

24b. TRANSFER PERMIT
Number _____
Date Issued _____

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY ✓

26. 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 Deceased ✓ _____
Address ✓ _____
Date _____

27. PREPARED BY

Signature _____
Name in Print _____
Title or Position _____
Date _____