



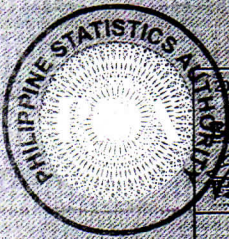
Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(1 accomplished in quadruplicate using black ink)

Province <b>CEBU</b>		Registry No. <b>2015-134</b>	
City/Municipality <b>SOGOD</b>			
1. NAME (First) <b>CASSANDRA FAITH</b>		(Middle) <b>HORTEZA</b>	(Last) <b>VILLARAN</b>
2. SEX (Male/Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>2</b>	(Month) <b>FEBRUARY</b>	(Year) <b>2015</b>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>JUAN DOSADO MEMORIAL HOSPITAL SOGOD CEBU</b>			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2723.9</b> grams
7. MAIDEN NAME (First) <b>FRELLA RIZZA</b>		(Middle) <b>PEREZ</b>	(Last) <b>HORTEZA</b>
8. CITIZENSHIP <b>PHILIPPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEKEEPER</b>
12. AGE at the time of this birth (completed years) <b>20 Y.O.</b>			
13. RESIDENCE (House No., St., Barangay) <b>DAAN TABOGON</b>		(City/Municipality) <b>TABOGON</b>	(Province) <b>CEBU</b>
		(Country) <b>PHILIPPINES</b>	
14. NAME (First) <b>IVINS BRIAN</b>		(Middle) <b>DAVID</b>	(Last) <b>VILLARAN</b>
15. CITIZENSHIP <b>PHILIPPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
17. RESIDENCE (House No., St., Barangay) <b>DAAN TABOGON</b>		(City/Municipality) <b>TABOGON</b>	(Province) <b>CEBU</b>
		(Country) <b>PHILIPPINES</b>	
18. AGE at the time of this birth (completed years) <b>21 Y.O.</b>			
19. OCCUPATION <b>CALL AGENT REP.</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) <b>DECEMBER</b>	(Day) <b>13</b>	(Year) <b>2014</b>	20b. PLACE (City/Municipality) <b>TABOGON</b>
		(Province) <b>CEBU</b>	(Country) <b>PHILIPPINES</b>
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____			
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 <b>11:30 PM</b> (am/pm) on the date of birth specified above.			
Signature _____		Address <b>JUAN DOSADO MEMORIAL HOSPITAL</b>	
Name in Print <b>ROSIANNE LAB A. VERANO MD.</b>		<b>SOGOD CEBU</b>	
Title or Position <b>MEDICAL OFFICER III</b>		Date <b>FEBRUARY 2, 2015</b>	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____		Signature _____	
Name in Print <b>IVINS BRIAN D. VILLARAN</b>		Name in Print <b>WEN P. ALBAO</b>	
Relationship to the Child <b>FATHER</b>		Title or Position <b>CLERK</b>	
Address <b>DAAN TABOGON, TABOGON CEBU</b>		<b>FEBRUARY 2, 2015</b>	
Date <b>FEBRUARY 2, 2015</b>			
24. RECEIVED BY Signature _____		25. REGISTERED BY Signature _____	
Name in Print <b>NENA PARCHE</b>		Name in Print <b>NENA PARCHE</b>	
Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b>		Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b>	
Date <b>2/9/15</b>		Date <b>2/9/15</b>	
REMARKS/ANNOTATIONS (For LCR/DCRG Use Only)			
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
6	9	13	15
			16
			17
			19





20. WITNESSES (Print Name and Sign)

Witness signatures and names: Victoria Capin, Jr., Robert Capin, Wendee Garcia, Vilma Garcia

**AFFIDAVIT OF SOLEMNIZING OFFICER**

I, \_\_\_\_\_ of \_\_\_\_\_, Solemnizing Officer of \_\_\_\_\_ with address at \_\_\_\_\_ after having sworn to in accordance with law, do hereby depose and say:

- 1. That I have solemnized the marriage between \_\_\_\_\_ and \_\_\_\_\_
- 2.  a. That I have ascertained the qualifications of the contracting parties and have found no legal impediment for them to marry as required by Article 34 of the Family Code.
- 2.  b. That the marriage was performed in articulo mortis or at the point of death;
- 2.  c. That the contracting parties, \_\_\_\_\_ and \_\_\_\_\_, being at the point of death and physically unable to sign the foregoing certificate of marriage by signature or mark, one of the witnesses to the marriage, sign for him or her by writing the dying party's name and beneath it, the witness' own signature preceded by the preposition "By";
- 2.  d. That the residence of either party is so located that there is no means of transportation to enable concerned party/parties to appear personally before the civil registrar.
- 2.  e. That the marriage was among Muslims or among members of the Ethnic Cultural Communities and that the marriage was solemnized in accordance with their customs and practices.
- 3. That I took the necessary steps to ascertain the ages and relationship of the contracting parties and that neither of them are under any legal impediment to marry each other.
- 4. 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 the Solemnizing Officer

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ Philippines, affiant who exhibited to me his Community Tax Cert.

Issued on \_\_\_\_\_ at \_\_\_\_\_  
Signature of the Administering Officer: \_\_\_\_\_ Position/Title/Designation: \_\_\_\_\_  
Name in Print: \_\_\_\_\_ Address: \_\_\_\_\_

**AFFIDAVIT FOR DELAYED REGISTRATION OF MARRIAGE**

I, \_\_\_\_\_ of legal age, single/married/divorced/widow/widower, with residence and postal address \_\_\_\_\_

after having duly sworn in accordance with law do hereby depose and say:

- 1. That I am the applicant for the delayed registration of \_\_\_\_\_ my marriage with \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_ the marriage between \_\_\_\_\_ and \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_
- 2. That said marriage was solemnized by \_\_\_\_\_ (Solemnizing Officer's name) under
  - a.  religious ceremony b.  civil ceremony c.  Muslim rites d.  tribal rites
- 3. That the marriage was solemnized:
  - a.  with marriage license no. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_
  - b.  under Article \_\_\_\_\_ (marriages of exceptional character).
- 4. (If the applicant is either the wife or husband) That I am a citizen of \_\_\_\_\_ and my spouse is a citizen of \_\_\_\_\_ (If the applicant is other than the wife or husband) That the wife is a citizen of \_\_\_\_\_ and the husband is a citizen of \_\_\_\_\_
- 5. That the reason for the delay in registering our/marriage is \_\_\_\_\_
- 6. 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 Community Tax Cert.

Issued on \_\_\_\_\_ at \_\_\_\_\_  
Signature of the Administering Officer: \_\_\_\_\_ Position/Title/Designation: \_\_\_\_\_  
Name in Print: \_\_\_\_\_ Address: \_\_\_\_\_