



AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, _____ and _____
of legal age, am/are the natural mother and/or father of _____ who was
born on _____ at _____

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

(Signature Over Printed Name of Father) _____ (Signature Over Printed Name of Mother) _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ by
_____ and _____ who exhibited to me his/her
CTC/valid ID _____ issued on _____ at _____

Signature of the Administering Officer _____ Position / Title / Designation _____
Name in Print _____ Address _____

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian of the person himself if 18 years old or over.)

ADZ ADAM _____ of legal age, single/married/divorced/widow/widower, with
residence and postal address at **OLD MAGANOCY, DATU ABDULLAH SANGKI, MAGUINDANAO**
_____ after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
 my birth in _____ on _____
 the birth of **KIDAGAKASH TUÑACAO CALICA** who was born in **OLD MAGANOCY, DATU ABDULLAH SANGKI, MAGUINDANAO** on **JANUARY 15, 2013**
- That he/she was attended at birth by **ROMANA ESTERA** who resides at _____
- That I am/he/she is a citizen of **PHILIPPINES**
- That my/his/her parents were married on **JANUARY 9, 2013** at **LAPU-LAPU CITY, CEBU**
 not married but he/she was acknowledged/not acknowledged by my/his/her father whose name is _____
- That the reason for the delay in registering my/his/her birth was **DUE TO NEGLIGENCE**
- (For the applicant only) That I am married to _____
(if the applicant is other than the document owner) That I am the **RELATIVE** of the said person.
- 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 **15th** day of **AUGUST 2022**
at **DATU ABDULLAH SANGKI, MAGUINDANAO**, Philippines.

ADZ ADAM
ADZ ADAM
(Signature Over Printed Name of Affiant)



SUBSCRIBED AND SWORN to before me this _____ day of **AUGUST 2022** at _____
DATU ABDULLAH SANGKI, MAGUINDANAO _____ who exhibited to me his/her CTC/valid ID
_____ **DATU ABDULLAH SANGKI, MAGUINDANAO**

LANE A. CASTAÑARES
Signature of the Administering Officer
LANE A. CASTAÑARES, PH.D., J.D.
Name in Print

MUNICIPAL CIVIL REGISTRAR
Position / Title / Designation
DATU ABDULLAH SANGKI, MAGUINDANAO
Address

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CDsm
CLAIRE DENNIS S. MAPA, Ph. D
National Statistician and Civil Registrar General
Philippine Statistics Authority





(To be accomplished in quadruplicate using black ink)

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

Municipal Form No. 102 (Revised August 2016)		Registry No. 2022-1129	
Province MAGUINDANAO		City/Municipality DATU ABDULLAH SANGKI	
1. NAME KIDAGAKASH (First) TUNACAO (Middle) GALICA (Last)		2. SEX (Male / Female) FEMALE	
3. DATE OF BIRTH 15 (Day) JANUARY (Month) 2013 (Year)		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) TALISAWA (City/Municipality) DATU ABDULLAH SANGKI (Province) MAGUINDANAO	
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	
5c. BIRTH ORDER (Order of the birth as provided for birth including胎死产) (First, Second, Third, etc.) FIRST		6. WEIGHT AT BIRTH 2722 grams	
7. MAIDEN NAME MARIA CRYSTAL (First) ESTERA (Middle) TUNACAO (Last)		8. RELIGION ROMAN CATHOLIC	
10a. Total number of children 01 (born alive)		10b. No. of children still being reared 01 (born alive but not yet one year old)	
11. OCCUPATION CALL CENTER AGENT		12. AGE at the time of the survey (Completed years) 20	
13. RESIDENCE (House No., St., Barangay) TALISAWA (City/Municipality) DATU ABDULLAH SANGKI (Province) MAGUINDANAO (Country) PHILIPPINES		14. NAME (First) KURT RUSSEL (Middle) ECHAVEZ (Last) CALICA	
15. OCCUPATION FILIPINO		16. ISLAND/ISLANDS OR DISTRICT OF THE LATTER DAY SAINTS	
17. OCCUPATION CONSTRUCTION WORKER		18. AGE at the time of the survey (Completed years) 20	
19. RESIDENCE (House No., St., Barangay) PERSON KIDASABEL, NAGA ROAD BABAG II (City/Municipality) LAPU-LAPU CITY (Province) CEBU (Country) PHILIPPINES		MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)	
20a. DATE (Month) JANUARY (Day) 9 (Year) 2013		20b. PLACE (City/Municipality) LAPU-LAPU CITY (Province) CEBU (Country) PHILIPPINES	
21a. ATTENDANT 1. Physician _____ 2. Nurse _____ 3. Midwife _____ 4. <input checked="" type="checkbox"/> Mid (Traditional Birth Attendant) _____ 5. Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at 09:00 AM on the date of birth specified above.			
Signature ROMINA ESTERA		Address TALISAWA, DAS, MAGUINDANAO	
Name in Print TRADITIONAL MIDWIFE		Date AUGUST 15, 2022	
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 ADZ ADAM		Signature JOCERLY PALADIN	
Name in Print RELATIVE		Title or Position MCR CLERK II	
Relationship to Child OLD MAGANOY, DAS, MAGUINDANAO		Date AUGUST 15, 2022	
Address AUGUST 15, 2022		Date AUGUST 15, 2022	
24. RECEIVED BY		Signature LANNIE A. CASTANARES, PH.D., J.D.	
Signature MARETTA E. SUPAN		Title or Position MUNICIPAL CIVIL REGISTRAR	
Name in Print REGISTRATION OFFICER I		Date SEPTEMBER 6, 2022	
Title or Position REGISTRATION OFFICER I		Date SEPTEMBER 6, 2022	
REMARKS AND OBSERVATIONS (For LCRO/DCRG Use Only) DECLINED REGISTRATION			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR * 0 1 * 0 8 * 1 0 0 0 * 1 6 0 8 0 3 8 2 8 0 1 * 1 0 3 * 1 7 0 0 0 * 1 6 0 8 0 2 2 2 6			



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