



CHILD

1. NAME (First, Middle, Last)
 2. SEX (Male/Female)
 3. PLACE OF BIRTH (City/Municipality)
 4. TYPE OF BIRTH (Single/Twin, etc.)
 5. DATE OF BIRTH (Month, Day, Year)
 6. RELIGION (None, etc.)

MOTHER

7. NAME (First, Middle, Last)
 8. CITIZENSHIP (Filipino)
 9. RELIGION (Roman Catholic)
 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)

FATHER

11. NAME (First, Middle, Last)
 12. CITIZENSHIP (Filipino)
 13. RELIGION (Roman Catholic)
 14. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)

MARRIAGE OF PARENTS (if not married, appropriate Affidavit of Adversely Affecting Relationship is required at the time)

15. DATE (Month, Day, Year)
 16. PLACE (City/Municipality, Province, Country)

20. ATTENDANT

17. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, etc.)
 18. SIGNATURE (Elaine Marie Cabang, M.D.)
 19. ADDRESS (Cebu Doctors' University, Cebu City 600)

22. CERTIFICATION OF INFORMANT

20. SIGNATURE (Kathleen Charmaine J. Mendoza)
 21. NAME IN PRINT (Kathleen Charmaine J. Mendoza)
 22. RELATIONSHIP TO THE CHILD (Mother)
 23. ADDRESS (Luzon Talisay City, Cebu)
 24. DATE (September 01, 2012)

24. RECEIVED BY

25. SIGNATURE (Pochana G. Sabal)
 26. NAME IN PRINT (Pochana G. Sabal, Administrative Aide II)
 27. TITLE OR POSITION (Administrative Aide II)
 28. DATE (SEP 21 2012)

REMARKS/ANNOTATIONS (For LCRO/PCRO Use Only)

DELAYED REGISTRATION

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR