

**INFORMATION SHEET (Registration of Certificate of Live Birth)**  
**PLEASE PRINT LEGIBLY**

<input type="checkbox"/> On-Time Registration		<input type="checkbox"/> Late Registration		Born in <input type="checkbox"/> Tagum City <input type="checkbox"/> Outside Tagum City	
<b>FATHER'S NAME:</b> (Pangalan sa amahan)		(First Name)		(Middle Name)	
<b>CITIZENSHIP:</b>		<b>RELIGION:</b>		<b>OCCUPATION:</b>	
<b>Father's Birth Date:</b>	<b>Age at the time of this Birth:</b> ____ years	<b>RESIDENCE:</b> (House No., Purok/Street, Barangay)		(City/Municipality) (Province)	
<b>MARRIAGE OF PARENTS Date:</b> (Day) (Month) (Year)		<b>Place:</b>		(City/Municipality) (Province) (Country)	
<b>MOTHER'S MAIDEN NAME:</b> (Pangalan sa inahan sa pagka-dalaga)		(First Name)		(Middle Name) (Last Name)	
<b>CITIZENSHIP:</b>		<b>RELIGION:</b>		<b>OCCUPATION:</b>	
<b>Mother's Birth Date:</b>	<b>Age at the time of this Birth:</b> ____ years	<b>RESIDENCE:</b> (House No., Purok/Street, Barangay)		(City/Municipality) (Province)	
<b>CHILD'S NAME:</b> (Pangalan sa ipa-rehistro)		(First Name)		(Middle Name) (Last Name)	
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DATE OF BIRTH:</b> Day ____ Month ____ Year ____		<b>TIME OF BIRTH:</b> ____ AM / PM		
<b>PLACE OF BIRTH:</b>		(House No., Purok/Street, Barangay)		(City/Municipality) (Province)	
<b>TYPE OF BIRTH:</b> <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, Etc.	<b>IF MULTIPLE BIRTHS, CHILD WAS:</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Others, Specify ____		<b>BIRTH ORDER:</b> (Order of this birth to previous live births including fetal death) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Others, Specify ____		
<b>WEIGHT AT BIRTH:</b> ____ Lbs.	<b>Total number of children born alive:</b> ____	<b>No. of children still living including this birth:</b> ____		<b>No. of children born alive but are now dead:</b> ____	
<b>NAME OF ATTENDANT:</b> _____					
<b>ADDRESS:</b> _____					
<b>INFORMANT'S NAME:</b> _____			<b>FOR ILLEGITIMATE CHILD (Admission of Paternity Only)</b>		
<b>RELATIONSHIP TO THE CHILD:</b> _____			<b>Father's Community Tax/ID No.:</b> _____		
<b>ADDRESS:</b> _____			<b>Date Issued:</b> _____		
			<b>Place Issued:</b> _____		

**FOR DELAYED REGISTRATION OF BIRTH ONLY [NOTE: subject to ten (10) days posting]**

<b>Who will execute the Affidavit of Late Registration?</b>		<b>FOR JOINT AFFIDAVIT ONLY (NAME OF TWO WITNESSES)</b>	
<b>Name:</b> _____		Witness 1	
<b>Address:</b> _____		Witness 2	
<b>Relationship to the Child:</b> _____		<b>Name:</b> _____	
<b>Community Tax No.:</b> _____		<b>Address:</b> _____	
<b>Date Issued:</b> _____		<b>CTC No.:</b> _____	
<b>Place Issued:</b> _____		<b>Date Issued:</b> _____	
<b>Name of Spouse (if married):</b> _____		<b>Place Issued:</b> _____	

**REQUIREMENTS FOR LATE REGISTRATION OF BIRTH CERTIFICATE**

<p><b>A.) Basic Requirements (Any two [2] of the following)</b></p> <p>___ Immunization Card</p> <p>___ Baptismal Certificate</p> <p>___ School Records (w/ Date &amp; Place of Birth)</p> <p>___ Income Tax Return</p> <p>___ Voter's Registration Record (COMELEC)</p> <p>___ Insurance Policy/Medical Record (Old Record)</p> <p>___ Passport</p> <p>___ SSS/PhilHealth</p> <p>___ Any documents that indicate date &amp; place of birth</p> <p>___ Others (Specify: _____)</p> <p><b>B.) Additional Requirements (As required)</b></p> <p>___ Certificate of NO RECORDS from the City Civil Registrar</p> <p>___ NSO Negative Certification</p> <p>___ Joint Affidavit of Late Registration of two disinterested persons</p> <p>___ Certificate of Marriage (if Married)</p> <p>___ Marriage Contract of Parents</p> <p>___ Birth Certificate of Parents/Siblings/Children</p> <p>___ Others (Specify: _____)</p>	<p align="center"><b>Additional Requirements (FOR OUT-OF-TOWN REGISTRATION)</b></p> <p><b>1.) ___ Endorsement Fee (P290.00)</b></p> <p><b>2.) ___ Postal Money Order (PMO)</b></p> <p>Payee: _____</p> <p>Address of Payee: _____</p> <p>Amount: _____</p> <p><b>3.) ___ Fees and charges by the receiving Local Civil Registrar.</b></p> <p align="center"><b>R E M A R K S</b></p> <p align="center">_____ ASSESED BY</p> <p align="center">_____ DATE</p>
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**BILLING**

SF BIRTH = 50.00 ARCHIVAL FEE = 100.00 ESP FEE = 50.00 RCEP FEE = 20.00 SECURITY FEE = 20.00 <b>P 240.00</b>	SF BIRTH = 200.00 ARCHIVAL FEE = 100.00 ESP FEE = 50.00 RCEP FEE = 20.00 SECURITY FEE = 20.00 <b>P 390.00</b>	SF BIRTH = 200.00 POSTING = 50.00 ARCHIVAL FEE = 100.00 ESP FEE = 50.00 RCEP FEE = 20.00 SECURITY FEE = 20.00 <b>P 440.00</b>	SF BIRTH = 300.00 POSTING = 50.00 ARCHIVAL FEE = 100.00 ESPF = 50.00 RCEP FEE = 20.00 SECURITY FEE = 20.00 <b>P 540.00</b>
<b>On-Time Registration</b>	<b>Late Registration:</b> (1 month above but below 6 months)	<b>Late Registration:</b> (6 months above but below 1 year)	<b>Late Registration:</b> (1 year and above)