

**OFFICE OF THE CITY CIVIL REGISTRAR**

Tagum City

**Request for Certification of BIRTH  
Form 1A**

Name of Child : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Place of Birth : \_\_\_\_\_

Mother's  
Maiden Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Name of  
requesting  
party : \_\_\_\_\_ **Signature**

Relationship : \_\_\_\_\_

Purpose : \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

**BAWAL ANG**



Remarks : \_\_\_\_\_

Payments : Local - P110.00      Legal/Abroad - P390.00