

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

- a. Main disease/condition of Infant _____
- b. Other diseases/conditions of Infant _____
- c. Main maternal disease/condition affecting Infant _____
- d. Other maternal disease/condition affecting Infant _____
- e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____	Title/Designation _____
Name in Print _____	Address _____
Date _____	

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.

Signature _____	Title/Designation _____
Name in Print _____	License No. _____
Address _____	Issued on _____ at _____
	Expiry Date _____

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

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

_____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.

2. That the deceased at the time of his/her death:

- was attended by _____;
- was not attended.

3. That the cause of death of the deceased was _____.

4. That the reason for the delay in registering this death was due to _____.

5. 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/her CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address