

Contact Number - _____

DATA SHEET (Birth)

Child's name

(First) (Middle) (Last)
Sex: () male () female Date of birth: _____
Place of birth: _____
Type of birth. _____ Birth order: _____
Pounds. _____ Time of birth _____
MOTHER MAIDEN NAME

(First) (Middle) (Last)
Religion. _____ Occupation: _____
Birthday: _____
Address: _____
FATHER:

(First) (Middle) (Last)
Religion: _____ Occupation: _____
Birthday: _____
Address: _____
Date of marriage: _____
Place of marriage: _____
Name of Hilot/Midwife: _____
Address of Hilot/Midwife: _____
Informant: _____
Relation to the child: _____

**Note: FOR LATE REGISTRATION ONLY
. NSO NEGATIVE RESULT- YEAR 2016 BELOW**

- .Joint affidavit of birth
.Cedula
.AT LEAST THREE FROM THE FOLLOWING**
- Barangay Certificate of Birth
 - School Record
 - Immunization Card
 - Baptismal Certificate
 - NBI Clearance
 - Marriage Contract
 - SSS Record
 - Any Valid ID
 - GSIS Record
 - Phil Health Record

CTC # - _____
Date - _____
Place of issuance - _____