## THIS FORM IS NOT FOR SALE



**Republic of the Philippines** 

**National Statistics Office** 

OFFICE OF THE CIVIL REGISTRAR GENERAL



<b>APPLICATION FORM - BIRTH CERTIFICAT</b>	Ε

## IMPORTANT : PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE FORM 1. Please PRINT letters in the spaces provided. Please CHECK (\*) appropriate box(es).

2. A valid ID is required for both owner & requester of document.

3. An authorization is required from representative's upon filing of the application.

Request for : BIRT		NTICATION BIRTH CARD			
Number of copies ? One Two Others (Specify) :					
Birth Reference No. BReN (if known)			Sex: Male Female		
OWNER'S PERSONAL INFORMATION (For married women, please use maiden name)					
Last Name					
First Name					
Middle Name					
Date of Birth			]		
Place of Birth		DAY YEAR			
	City / Municipality				
	Province				
Please specify country if born abroad only:	Country				
NAME OF FATHER					
Last Name					
First Name					
Middle Name					
MAIDEN NAME OF MOTHER					
Last Name					
First Name					
Middle Name					
REGISTERED LATE?   No   Yes   When:     Check (✓) appropriate box					
Requester's Tax Identification No.(TIN)					
	PLEASE TURN TO BACK P	AGE			
FOR NSO USE ONLY TRANSACTION NUMBER :					

PURPOSE : Choose one and check ( ✓ ) appropriate box						
Claim Benefits / Lo	ans	Employment (Local)	School Requirement			
Passport / Travel	(Specify Country	y:)	Others (Specify) :			
Employment (abroa	ad) (Specify Country	<b>/</b> :)				
REQUESTER'S INFO	ORMATION					
	Last Name , First	Name , M I				
Mailing Address	House No. S	treet Name / Barangay				
City / Municipality						
Province						
Tel. No.						
NOTE : AUTHORIZATION and ID of the document owner together with requester's ID are required if the requester is NOT any of the following :     a. the owner of the document;   d. his/her direct descendant;     b. his/her parent;   e. his/her legal guardian/institution-in-charge, if minor;     c. his/her spouse;   I understand that as per PD 603 (Child & Youth Welfare Code), birth certificate documents, if available in this office cannot be released to me without proper authorization from the owner of the document, his/her parent (if minor), his/her spouse, his/her direct descendant, or his/her authorized guardian/institution-in-charge.     Signature of Applicant						
FOR NSO USE ONL Date of Filing Date of Release Remarks :	MONTH DAY	YEAR     For C       / 20     CDLI ty       / 20     F	onverted ? Y N CDLI request only: ype : Proper : pages attachment : pages			
Received by :			eceipt:			
THIS FORM IS NOT FOR SALE						