

APPLICATION FOR LATE REGISTRATION

(CERTIFICATE OF LIVE BIRTH)

NAME: \_\_\_\_\_

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

TYPE OF BIRTH (SINGLE/TWIN/TRIPLET/ETC.) \_\_\_\_\_

IF MULTIPLE BIRTH, CHILD WAS (FIRST, SECOND, ETC.) \_\_\_\_\_

BIRTH ORDER (FIRST, SECOND, THIRD, ETC.) \_\_\_\_\_

WEIGHT AT BIRTH (GRAMS) \_\_\_\_\_ TIME OF BIRTH: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

CITIZENSHIP: \_\_\_\_\_ RELIGION: \_\_\_\_\_

TOTALE NUMBER OF CHILDREN BORN ALIVE: \_\_\_\_\_

NO. OF CHILDREN STILL LIVING INCLUDING THIS BIRTH: \_\_\_\_\_

NO. OF CHILDREN BORN ALIVE BUT NOW DEAD: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

CITIZENSHIP: \_\_\_\_\_ RELIGION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

DATE OF MARRIAGE OF PARENTS: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

ATTENDANT: ( ) PHYSICIAN ( ) NURSE ( ) MIDWIFE ( ) HILOT ( ) OTHERS

NAME OF ATTENDANT: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF INFORMANT: \_\_\_\_\_

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NO. : \_\_\_\_\_