

APPLICATION OF LATE REGISTRATION

1. NAME	FIRST	MIDDLE	LAST
2. SEX	MALE	FEMALE	3. DATE OF BIRTH DAY _____ MONTH _____ YR. _____
4. PLACE OF BIRTH	CITY / MUNICIPALITY		
5. TYPE OF BIRTH _____ SINGLE _____ TWIN _____ TRIPLET	6. IF MULTIPLE BIRTH CHILD WAS _____ FIRST _____ SECOND		
7. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	8. NATIONALITY	9. RELIGION	
10. FATHER'S MAIDEN NAME FIRST MIDDLE LAST	11. NATIONALITY	12. RELIGION	
13. DATE AND PLACE OF MARRIAGE OF PARENTS			
14. CHILD WEIGHT AT BIRTH	15. BIRTH ORDER OF CHILD _____ FIRST _____ SECOND _____ ETC.		
16. TOTAL NUMBER OF CHILDREN BORN ALIVE _____	17. HOW MANY CHILDREN ARE NOW LIVING INCLUDING THIS BIRTH _____	18. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____	
19. USUAL OCCUPATION (MOTHER)	20. AGE AT THE TIME OF THIS BIRTH		
22. USUAL OCCUPATION (FATHER)	23. AGE AT THE TIME OF THIS BIRTH		
24. ATTENDANT AT THE BIRTH _____ PHYSICIAN _____ NURSE _____ MIDWIFE _____ HILOT _____ OTHERS			
TEL. CELLPHONE NUMBER _____			
REQUIREMENTS FOR LATE REGISTRATION OF BIRTH :			
1. Baptismal Certificate			
2. Marriage Contracts of Parents			
3. Residence Certificate of mother, father or oneself.			
4. Negative Result from National Statistics Office			
5. Voters Affidavit			
6. School Records			
7. Affidavit of Two Witnesses			