



PRE-REGISTRATION FORM FOR BIRTH
(All information from No. 1 to 23 should be at the time of Birth)

	TIMELY
	LATE

1. Name of child: _____
(First) (Middle) (Last)

2. Sex: () Female () Male 3. Date of birth: _____
(Day) (Month) (Year)

4. Place of birth: _____
(House Number)(Barangay) (City/Municipality) (Province)

5. Type of birth: () Single () Twin () Triple

6. If multiple birth, child was: () Single () Second () Third

7. Birth order: _____ 8. Weight at birth: _____ grams

9. Total no. of children born alive: _____

No. of children still living including this birth: _____

No. of children but now are dead: _____

10. Maiden name of mother: _____
(First) (Middle) (Last)

11. Citizenship: _____ 12. Religion: _____

13. Occupation of mother: _____

14. Age of mother at the time of birth: _____

15. Residence of mother: _____
(House Number)(Barangay) (City/Municipality) (Province)

16. Name of father: _____
(First) (Middle) (Last)

17. Citizenship: _____ 18. Religion: _____

19. Age of father at the time of birth: _____

20. Occupation of father: _____

21. Residence of father: _____
(House Number)(Barangay) (City/Municipality) (Province)

22. Date and Place of Marriage of Parents: _____

23. Attendant at birth: _____

24. Informant:

Signature: _____

Name in print: _____

Relationship to the child: **That I am the** _____

Address: _____

Date: _____

CTC No.: _____

Date issued: _____

Place issued: _____