



PRE-REGISTRATION FORM FOR DEATH
(All information from No. 1 to 16 should be at the time of Death)

	TIMELY
	LATE

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

2. Sex: () Female () Male 3. Civil Status: _____

4. Date of Death: _____ 5. Date of Birth: _____
(Day)(Month)(Year) (Day)(Month)(Year)

6. Age at the time of Death: (Fill in below according to age category)

a. If 1 year or above	b. If under 1 year		c. If under 24hrs	
	(Months)	(Days)	(Hours)	(Mins/Sec)

7. Place of Death: _____
(House Number)(Barangay) (City/Municipality) (Province)

8. Religion: _____ 9. Citizenship: _____

10. Residence: _____
(House Number)(Barangay) (City/Municipality) (Province)

11. Occupation: _____

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

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

14. Corpse Disposal		14a. Burial/Cremation Permit	14b. Transfer Permit
Burial		Number:	Number:
Cremation		Date Issued:	Date Issued:

15. Name of Cemetery of Crematory: _____

16. Address of Cemetery of Crematory: _____

17. Informant:

Signature: _____

Name in print: _____

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

Address: _____

Date: _____

CTC No.: _____

Date issued: _____

Place issued: _____