

# THIS FORM IS NOT FOR SALE



**Republic of the Philippines**  
**National Statistics Office**  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**APPLICATION FORM - DEATH CERTIFICATE**



**IMPORTANT : PLEASE READ GENERAL INSTRUCTION BEFORE FILLING UP THE FORM**

Please PRINT letters in the spaces provided. Please CHECK (✓) appropriate box(es)

Request for : <input type="checkbox"/> DEATH CERTIFICATE <input type="checkbox"/> AUTHENTICATION <input type="checkbox"/> CDLI																	
Number of copies ? <input type="checkbox"/> One <input type="checkbox"/> Two      Others (Specify) : _____																	
Birth Reference No. BReN (if known)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 70%;"><input type="text"/></td> </tr> <tr> <td>First Name</td> <td><input type="text"/></td> </tr> <tr> <td>Middle Name</td> <td><input type="text"/></td> </tr> <tr> <td>Date of Death</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">MONTH                                  DAY                                  YEAR</td> </tr> <tr> <td>Place of Death</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">City / Municipality</td> </tr> <tr> <td></td> <td style="text-align: center;">Province</td> </tr> </table>		Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>	Date of Death	<input type="text"/> - <input type="text"/> - <input type="text"/>		MONTH                                  DAY                                  YEAR	Place of Death	<input type="text"/>		City / Municipality		Province
Last Name	<input type="text"/>																
First Name	<input type="text"/>																
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Date of Death	<input type="text"/> - <input type="text"/> - <input type="text"/>																
	MONTH                                  DAY                                  YEAR																
Place of Death	<input type="text"/>																
	City / Municipality																
	Province																
Please specify country if died abroad only:	<input type="text"/>																
	Country																
<b>REGISTERED LATE?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes      When: _____ Check (✓) appropriate box																	
Requester's Tax Identification No.(TIN) (if known) <input type="text"/> - <input type="text"/> - <input type="text"/>																	
<b>PURPOSE : Choose one and check (✓) appropriate box</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Claim Benefits / Loans</td> <td><input type="checkbox"/> Employment (Local)</td> <td><input type="checkbox"/> School Requirement</td> </tr> <tr> <td><input type="checkbox"/> Passport / Travel</td> <td>(Specify Country: _____)</td> <td><input type="checkbox"/> Others (Specify) : _____</td> </tr> <tr> <td><input type="checkbox"/> Employment (abroad)</td> <td>(Specify Country: _____)</td> <td></td> </tr> </table>		<input type="checkbox"/> Claim Benefits / Loans	<input type="checkbox"/> Employment (Local)	<input type="checkbox"/> School Requirement	<input type="checkbox"/> Passport / Travel	(Specify Country: _____)	<input type="checkbox"/> Others (Specify) : _____	<input type="checkbox"/> Employment (abroad)	(Specify Country: _____)								
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<input type="checkbox"/> Employment (abroad)	(Specify Country: _____)																
<b>REQUESTER'S INFORMATION</b> Last Name _____ , First Name _____ , M I _____																	
Mailing Address	<input type="text"/>																
	House No.                          Street Name / Barangay																
City / Municipality	<input type="text"/>																
Province	<input type="text"/>																
Tel. No.	<input type="text"/>																

<b>FOR NSO USE ONLY</b> <b>TRANSACTION NUMBER :</b>	
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**FOR NSO USE ONLY**

Converted ?  Y  N

Date of Filing

MONTH DAY YEAR  
[ ][ ] / [ ][ ] / 20 [ ][ ]

Date of Release

[ ][ ] / [ ][ ] / 20 [ ][ ]

Remarks :

**For CDLI request only:**

CDLI type : \_\_\_\_\_

Proper : \_\_\_\_\_ pages

Attachment : \_\_\_\_\_ pages

Received by : \_\_\_\_\_

Date of receipt : \_\_\_\_\_

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