



PHILIPPINE FOREIGN SERVICE POST

THIS FORM IS NOT FOR SALE
(DFA-OCA-CRD-09 / REV.00 / 24 APRIL 2018)

FETAL DEATH FORM

OFFICIAL USE ONLY	
DATE OF REGISTRATION	
REGISTRY NUMBER	

INFORMATION OF THE FETUS

1. CHILD'S LAST NAME	<input type="text"/>	5. DATE OF DELIVERY <i>(Ex. 01 January 2000)</i>	<input type="text"/>
2. CHILD'S FIRST NAME	<input type="text"/>	6. SEX	<input type="checkbox"/> MALE
3. CHILD'S MIDDLE NAME	<input type="text"/>		<input type="checkbox"/> FEMALE
4. PLACE OF DELIVERY <i>(city/state/province, country)</i>	<input type="text"/>	7. METHOD OF DELIVERY	_____
		8. WEIGHT (grams)	_____

DETAILS OF BIRTH PARENTS (at the time of the child's birth/delivery)

	INFORMATION OF THE FATHER	MAIDEN INFORMATION OF THE MOTHER
9. LAST NAME	<input type="text"/>	<input type="text"/>
10. FIRST NAME	<input type="text"/>	<input type="text"/>
11. MIDDLE NAME	<input type="text"/>	<input type="text"/>
12. DATE OF BIRTH <i>(Ex. 01 January 2000)</i>	<input type="text"/>	<input type="text"/>
13. PLACE OF BIRTH <i>(city/state/province, country)</i>	<input type="text"/>	<input type="text"/>
14. CITIZENSHIP	<input type="text"/>	<input type="text"/>
15. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN <i>(Ex. 01 January 2000/ country)</i>	<input type="text"/>	<input type="text"/>
16. CIVIL STATUS OF PARENTS	<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	
17. DATE OF MARRIAGE <i>(Ex. 01 January 2000)</i>	<input type="text"/>	18. PLACE OF MARRIAGE <i>(city/state/province, country)</i>
		<input type="text"/>

ADDITIONAL FACTS OF BIRTH

19. TOTAL NUMBER OF CHILDREN BORNE BY MOTHER <i>(Live Births+fetal deaths, including this delivery)</i>	20. BIRTH ORDER OF THE CHILD <i>(first, second, third, etc.)</i>	21. TYPE OF BIRTH	<input type="checkbox"/> Single	<input type="checkbox"/> Twins
			<input type="checkbox"/> Triplets	<input type="checkbox"/> Others

PARTICULARS OF FETAL DEATH

22. CAUSES OF FETAL DEATH			
<input type="checkbox"/> Main Disease/ Condition of Fetus	<input type="checkbox"/> Other Disease/ Condition of Fetus	<input type="checkbox"/> Main Maternal Disease/ Condition Affecting Fetus	
<input type="checkbox"/> Other Maternal Diseases/ Condition Affecting Fetus	<input type="checkbox"/> Other Relevant Circumstances		
23. FETAL DEATH TIMING	24. LENGTH OF PREGNANCY <i>(completed weeks)</i>	25. NAME OF ATTENDANT AT BIRTH	26. DISPOSITION OF FETAL REMAINS
<input type="checkbox"/> Before Labor		<input type="checkbox"/> Medical Doctor/Physician	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Nurse	
<input type="checkbox"/> During Labor Delivery		<input type="checkbox"/> Midwife	
		<input type="checkbox"/> Others	

27. I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of birth of the fetus being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME : _____

RELATIONSHIP TO THE FETUS : _____

SUBSCRIBE AND SWORN TO BEFORE ME this _____ by the above-named informant, here in _____.
Date (Ex. 01 January 2000)

[SEAL] NOTARIAL AUTHORITY

28. REMARKS/ANNOTATIONS

OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

29. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, _____ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate

Date: _____

Doc. No. _____

Service No. _____

O.R. No. _____

Fee Paid _____

Book No. _____

Series of _____

[SEAL] REPUBLIC OF THE PHILIPPINES