



# PHILIPPINE FOREIGN SERVICE POST

**THIS FORM IS NOT FOR SALE**

(DFA-OCA-CRD-09 / REV.00 / 24 APRIL 2018)

[Empty box for registration details]

**OFFICIAL USE ONLY**

DATE OF REGISTRATION

REGISTRY NUMBER

## FETAL DEATH FORM

### INFORMATION OF THE FETUS

1. CHILD'S LAST NAME

[Text box]

5. DATE OF DELIVERY

*(Ex. 01 January 2000)*

[Text box]

2. CHILD'S FIRST NAME

[Text box]

6. SEX

MALE

3. CHILD'S MIDDLE NAME

[Text box]

FEMALE

4. PLACE OF DELIVERY

*(city/state/province, country)*

[Text box]

7. METHOD OF DELIVERY

[Text box]

8. WEIGHT (grams)

[Text box]

### 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

[Text box]

[Text box]

10. FIRST NAME

[Text box]

[Text box]

11. MIDDLE NAME

[Text box]

[Text box]

12. DATE OF BIRTH

*(Ex. 01 January 2000)*

[Text box]

[Text box]

13. PLACE OF BIRTH

*(city/state/province, country)*

[Text box]

[Text box]

14. CITIZENSHIP

[Text box]

[Text box]

15. DATE & PLACE OF REGISTRATION  
AS PHILIPPINE CITIZEN

*(Ex. 01 January 2000/ country)*

[Text box]

[Text box]

16. CIVIL STATUS OF PARENTS

MARRIED

NOT MARRIED

17. DATE OF MARRIAGE

*(Ex. 01 January 2000)*

[Text box]

18. PLACE OF MARRIAGE

*(city/state/province, country)*

[Text box]

### ADDITIONAL FACTS OF BIRTH

19. TOTAL NUMBER OF CHILDREN BORNE BY MOTHER  
*(Live Births+fetal deaths, including this delivery)*

20. BIRTH ORDER OF THE CHILD  
*(first, second, third, etc.)*

21. TYPE OF BIRTH

Single

Twins

Triplets

Others

### PARTICULARS OF FETAL DEATH

22. CAUSES OF FETAL DEATH  Main Disease/ Condition of Fetus  Other Disease/ Condition of Fetus  Main Maternal Disease/ Condition Affecting Fetus

Other Maternal Diseases/ Condition Affecting Fetus  Other Relevant Circumstances

23. FETAL DEATH TIMING

Before Labor

Unknown

During Labor Delivery

24. LENGTH OF PREGNANCY  
*(completed weeks)*

[Text box]

25. NAME OF ATTENDANT AT BIRTH

Medical Doctor/Physician

Nurse

Midwife

Others

26. DISPOSITION OF FETAL REMAINS

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