*necessary.)* For error No. 1:

For error No. 2:

For error No. 3:

## Republic of the Philippines Philippine Embassy City of Rome, Italy

| Embassy of the Philip<br>City of Rome, Italy |                         | Petitio                       | n No. CCE            | 202      |
|----------------------------------------------|-------------------------|-------------------------------|----------------------|----------|
|                                              |                         |                               |                      |          |
| _                                            |                         | CTION OF CLERI                | _                    |          |
| ]                                            | N THE CERTIF            | ICATE OF MARRI                | IAGE                 |          |
|                                              |                         | of local aca                  |                      |          |
| (complete n                                  | ame of petitioner)      | , of legal age,               | (nationality/citizen | ship)    |
| nd a resident of                             | 1 /                     |                               |                      |          |
|                                              | ((                      | complete address)             |                      |          |
| fter having been dul                         | y sworn to in accorda   | nce with law, hereby de       | clare that:          |          |
|                                              |                         |                               |                      |          |
|                                              |                         | on of the clerical error in   |                      |          |
| a) $\square$ my Ce                           | rtificate of Marriage e | entered into with             | ( 1 , C              |          |
| h) ☐ the Cei                                 | tificate of Marriage o  | of (                          | (complete name of sp | ouse)    |
| b) Line Cer                                  | diffeate of Marriage of | of(complete                   | e name of owner)     |          |
| who is my                                    |                         | (***                          | ,,                   |          |
| _                                            |                         | (relation of owner to the per | titioner)            |          |
| 2) I/He/She cont                             | racted marriage on _    | (date of marriage)            | at                   |          |
|                                              |                         |                               |                      | cipality |
|                                              | (province)              |                               | (country)            |          |
| 3) The marriage                              |                         | egistry number                |                      |          |
|                                              | rror(s) to be recorded  |                               |                      |          |
| ,                                            | ,                       | . ,                           |                      |          |
| Item No.                                     | Description             | From                          | To                   | )        |
|                                              | _                       |                               |                      |          |
|                                              |                         |                               |                      |          |
|                                              |                         |                               |                      |          |
|                                              |                         |                               |                      |          |
|                                              |                         | •                             |                      |          |

| a)                                    |                              |                            |                                                                                                                  | additional sheets,              |
|---------------------------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|
|                                       |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            |                                                                                                                  |                                 |
| c)                                    |                              |                            |                                                                                                                  |                                 |
| no other similar  8) I am filing this | petition wit<br>s petition a | th any LCRO, at the Office | etition and that, to the best of Court or Philippine Embas of the Consul General in menting rules and regulation | sy/Consulate.<br>Rome, Italy, i |
|                                       |                              |                            | Signature over printed name of                                                                                   | f the petitioner                |
|                                       |                              | VERIFIC                    | ATION                                                                                                            |                                 |
|                                       |                              |                            | , the petitioner, here of my knowledge and belie                                                                 |                                 |
|                                       |                              |                            | Signature over printed name of                                                                                   | the petitioner                  |
|                                       |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            | day of<br>oner exhibiting his/ her                                                                               |                                 |
| No                                    | issued _                     | , petitic                  | on                                                                                                               | •                               |
|                                       |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            | Administering off                                                                                                | ioor                            |
| Doc. No                               |                              |                            | Administering off                                                                                                | icei                            |
| Page No.                              |                              |                            |                                                                                                                  |                                 |
| Book No                               |                              |                            |                                                                                                                  |                                 |
|                                       |                              |                            |                                                                                                                  |                                 |
| For CDC was order                     |                              |                            |                                                                                                                  |                                 |
| For CRG use only                      |                              |                            |                                                                                                                  |                                 |
|                                       | · - ·                        | ,                          | E CONSUL GENERA<br>e Action Taken)                                                                               | L                               |
|                                       | · - ·                        | ,                          |                                                                                                                  | L                               |
|                                       | · - ·                        | de basis for th            | e Action Taken)                                                                                                  | L                               |
|                                       | · - ·                        | de basis for th            | e Action Taken)                                                                                                  | L                               |
|                                       | · - ·                        | de basis for th            | e Action Taken)                                                                                                  | L                               |
|                                       | · - ·                        | de basis for th            | e Action Taken)                                                                                                  | L                               |
|                                       | · - ·                        | de basis for th            | e Action Taken)                                                                                                  | L                               |

## **ACTION TAKEN BY THE CRG**

(Provide basis for the Action Taken)

|                           |              | Granted          |           | Denied                  |
|---------------------------|--------------|------------------|-----------|-------------------------|
|                           |              |                  |           |                         |
|                           |              |                  |           |                         |
|                           |              |                  |           |                         |
|                           |              |                  |           |                         |
|                           |              |                  |           |                         |
|                           |              |                  |           |                         |
| Data                      |              |                  |           |                         |
| Date:                     |              |                  |           | Civil Registrar General |
|                           |              |                  |           |                         |
| Payment of filing fee (Pl | lease attacl | n copy of the of | ficial re | ceipt)                  |
| O.R. No.                  |              |                  |           |                         |
| Amount Paid               |              |                  |           |                         |
| Date Paid                 |              | _                |           |                         |