

## City Civil Registrar's Office and Philippines Statistics Authority CCRO BREQS Station



f copies ?	CCRO BREQS Station BIRTH CERTIFICATE								
	One	Two	Others (Specify)	:					
	1 1 1 1	1111	111111	Sex:					

Number of copies ?	One	Two	Others (Spe	cify) :_	
Birth Reference No. BReN (if known)	Ш		Ш	- Ш-	Sex: Male Female
OWNER'S PERSONAL IN	NFORMATION	(Kung minyo	na babae, gar	nita ang pan	galan sa pagkadalag
Last Name					
First Name					
Middle Name					
Date of Birth			ШШ	$\sqcup$	
Place of Birth	MONTH		DA	Y YEA	R
City/Minucipality	ШШ				
Province			$\perp \perp \perp \perp$		
Please specify country if born abroad only:	Province		Ш		
NAME OF FATHER		22 186 22	0 0 0	020 20 0	27
Last Name					
First Name			111		
Middle Name					
MAIDEN NAME OF MO	THER (Gan	nita ang APILY	EDO SA MA	MA ATONG	DALAGA PA SYA)
Last Name					
First Name					
Middle Name					
REGISTERED LATE? Check ( * ) appropriate box	☐ No	Yes	When:		
PURPOSE:			Т	el No.	
PSA Birth C	ertifica	ate (Clain	n at BREQ	S Station	Window 14)
Document Owner					
Date & Time of Rel	ease :				
TO CLAIM, br	ing VΔ	I ID ID(s)	and		
TO OLIVINI, DI		<b>LID ID</b> (0)	<u> </u>		
CLAIM REMA	RKS:	Date laimed:	At	tending ersonnel:	
No Valid ID		Downloa	E4	Insufficie	nt Requirements
No Authorization	Letter	Unconve	11 33		
Claimant is Mino	r				



## City Civil Registrar's Office and Philippines Statistics Authority CCRO BREQS Station



## **BIRTH CERTIFICATE**

Number of copies ?	One		Two	Othe	rs (Sp	ecify)	É	:				
Birth Reference No. BReN (if known)	Ш	Ш	- 🔲	11		] - [		] - [	Ц	1	c: Male Female	=
OWNER'S PERSONAL IN	FORMATIC	ON (Kung	minyo	na bab	ae, g	amita	ang	pang	alan	sa pa	igkad	alaga
Last Name												
First Name											$\perp$	╛
Middle Name	$\Box$		Щ.	<u> </u>	Щ	Щ.	$\perp$					
Date of Birth				Ш		Ш		Ш				
Place of Birth	MONTH					DAY		YEAR				
City/Minucipality	Ш						2012					
Province		$\Box$	$\perp \perp$	$\perp \perp$		Ш		Ш	$\perp$	$\perp$		⅃
Please specify country if	Province	1.1.1	1.1	1.1	T	1 1	1	П	T	1.1		T
born abroad only:	Country	ш				Ш		ш				_
NAME OF FATHER		- 1		1		-	- 1	-	ř		- 6	7
Last Name		$\perp$										_
First Name												
Middle Name												
MAIDEN NAME OF MO	THER (G	amița ar	g APILY	(EDO S	SA M	AMA	ATO	NG D	ALA	GA P	A SY	4)
Last Name												
First Name												
Middle Name												
REGISTERED LATE? Check ( ~ ) appropriate box	No No		/es	When:	8						ia	
PURPOSE:						Tel	No					
PSA Birth Co	ertific	cate	(Clain	ı at E	BREG	QS S	itati	on '	Win	dov	v 14	)
Document Owner												
Date & Time of Rele	ease .											
TO CLAIM, br		ALID	ID(s)	and	d							_
			(-,					0.0		-19		<b>-</b> 05
CLAIM REMA	RKS:	Date claime	ed:		F		ndin onne	- T				_
No Valid ID		Downloading Insufficient Requiremen							its			
No Authorization	Letter	Πu	nconve	erted	_	820				<u> </u>		
Claimant is Mino	ſ	===				8 <del>500</del>						
UNCLAIMED DO	CUME	NTS AF	TER N	INET	/ DA	YS V	VILL	BE I	DISF	OSE	ED O	F