

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, _____ and _____,
of legal age, am/are the natural mother and/or father of _____, who was
born on _____ at _____.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by
_____ and _____, who exhibited to me his/her
CTC/valid ID _____ issued on _____ at
_____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I _____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

_____ after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

☐ my birth in _____ on _____.

☐ the birth of _____ who was born in _____
_____ on _____.

2. That I/he/she was attended at birth by _____ who resides at
_____.

3. That I am/he/she is a citizen of _____.

4. That my/his/her parents were ☐ married on _____ at _____.

☐ not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____.

5. That the reason for the delay in registering my/his/her birth was _____.

6. (For the applicant only) That I am married to _____.

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
_____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at
_____, Philippines, affiant who exhibited to me his/her CTC/valid ID
_____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province		LEYTE		Registry No.		2025-1291	
City/Municipality		ORMOC CITY					
CHILD	1. NAME (First) (Middle) (Last)		DALE EZEKIEL BANDALAN CAYETANO				
	2. SEX (Male / Female)		3. DATE OF BIRTH (Day) (Month) (Year)		MALE 11 MARCH 2025		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)		ORMOC DOCTORS HOSPITAL, C. AVILES COR. SAN PABLO ST., ORMOC CITY, LEYTE				
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)		
	SINGLE		NOT APPLICABLE		FIRST		
MOTHER	7. MAIDEN NAME (First) (Middle) (Last)		EILEEN BULAWAN BANDALAN				
	8. CITIZENSHIP		FILIPINO				
	9. RELIGION/RELIGIOUS SECT		ROMAN CATHOLIC				
	10a. Total number of children born alive		10b. No. of children still living including this birth		10c. No. of children born alive but are now dead		
	1		1		0		
FATHER	11. OCCUPATION		FOOD TECHNOLOGIST				
	12. AGE at the time of this birth (completed years)		36				
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		A & A COMPOUND SITIO ILAWOD BRGY. SAN ISIDRO BAYBAY CITY LEYTE PHILIPPINES				
	14. NAME (First) (Middle) (Last)		JOSELLE RODRIGUEZ CAYETANO				
	15. CITIZENSHIP		FILIPINO				
16. RELIGION/RELIGIOUS SECT		ROMAN CATHOLIC					
17. OCCUPATION		PROFESSIONAL TEACHER					
18. AGE at the time of this birth (completed years)		41					
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)		A & A COMPOUND SITIO ILAWOD BRGY. SAN ISIDRO BAYBAY CITY LEYTE PHILIPPINES					
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year)		20b. PLACE (City / Municipality) (Province) (Country)					
MARCH 18 2023		BAYBAY CITY LEYTE PHILIPPINES					
21a. ATTENDANT							
X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)							
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)							
I hereby certify that I attended the birth of the child who was born alive at 8:33 AM am/pm on the date of birth specified above.							
Signature			Address				
Name in Print			ORMOC DOCTORS HOSPITAL				
Title or Position			C. AVILES COR. SAN PABLO ST., ORMOC CITY				
GARDENIA Z. LARRAZABAL, M.D.			MARCH 11, 2025				
22. CERTIFICATION OF INFORMANT							
I hereby certify that all information supplied are true and correct to my own knowledge and belief.							
Signature			Signature				
Name in Print			Name in Print				
Relationship to the Child			Relationship to the Child				
JOSELLE R. CAYETANO			JANELLE LAUREL PARRILLA				
FATHER			MEDICAL RECORDS STAFF				
Address			Address				
A & A COMPOUND SITIO ILAWOD BRGY. SAN ISIDRO, BAYBAY CITY, LEYTE			MARCH 11, 2025				
Date			Date				
MARCH 11, 2025			MARCH 11, 2025				
24. RECEIVED BY							
Signature			Signature				
Name in Print			Name in Print				
Title or Position			Title or Position				
MEDELINE L. LAGAHIT			MAKABAYAN R. FIEL				
ADMIN AIDE III			REGISTRATION OFFICER I				
Date			Date				
MARCH 12, 2025			MARCH 12, 2025				
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
8 9 11 13 15 16 17 19							