

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province LEYTE Registry No. 2025-2354  
City/Municipality ORMOC CITY

**CHILD**  
1. NAME (First) (Middle) (Last)  
CATALEYA JASMINE ALVAREZ PADILLA  
2. SEX (Male/Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)  
16 MAY 2025  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
OSPA - FARMERS' MEDICAL CENTER, CAN-ADIENG, ORMOC CITY, LEYTE, PHILIPPINES  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND 6. WEIGHT AT BIRTH 3100 grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
CORAZON LOVETE ALVAREZ  
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN  
10a. Total number of children born alive 2 10b. No. of children still living including this birth 2 10c. No. of children born alive but are now dead 0 11. OCCUPATION PUBLIC TEACHER 12. AGE at the time of this birth (completed years) 35  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
UNIT 88, KILBOURNE DRIVE, VSU, PANGASUGAN, BAYBAY CITY, LEYTE, PHILIPPINES

**FATHER**  
14. NAME (First) (Middle) (Last)  
JOSEPH ENGOJO PADILLA  
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN 17. OCCUPATION PUBLIC TEACHER 18. AGE at the time of this birth (completed years) 32  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
UNIT 88, KILBOURNE DRIVE, VSU, PANGASUGAN, 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) May 8, 2019 20b. PLACE (City/Municipality) (Province) (Country)  
BAYBAY CITY, LEYTE, PHILIPPINES

21a. ATTENDANT  
☒ 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 08:28 A.M. am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address ORMOC CITY  
Name in Print MARIA RAMONA S. SUMABAT, M.D. LEYTE, PHILIPPINES  
Title or Position OB/GYNE Date May 16, 2025

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature \_\_\_\_\_  
Name in Print JOSEPH E. PADILLA  
Relationship to the Child FATHER  
Address UNIT 88, KILBOURNE DRIVE, VSU, PANGASUGAN, BAYBAY CITY, LEYTE  
Date May 16, 2025

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print CHRISTIAN M. GALLARDO  
Title or Position MEDICAL RECORDS CLERK  
Date May 16, 2025

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print MEDELINE L. LAGAHIT  
Title or Position ADMIN AIDE III  
Date MAY 16, 2025

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print MAKABAYAN R. FIEL  
Title or Position REGISTRATION OFFICER I  
Date MAY 16, 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



# AFFIDAVIT OF ACKNOWLEDGEMENT/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