



### Civil Registry Form 1B Request for Birth Certificate



NAME: \_\_\_\_\_  
First Name Middle Name Last Name

DATE OF BIRTH: \_\_\_\_\_ REGISTRY NO.: \_\_\_\_\_

HOSPITAL / PLACE OF BIRTH: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_ NO. OF COPIES: \_\_\_\_\_

**PRESENT IDENTIFICATION CARD WITH SIGNATURE  
COUNTER 1 AND 2**

QCG-SOI-1B Ver. 1



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