REPUBLIC OF THE PHILIPPINES CITY CIVIL REGISTRY DEPARTMENT QUEZON CITY, METRO MANILA REQUESTOR Certified True Copy of Birth Certificate				
☐ Valid government-issued ID of the	e Document Owner	No. of Copies:	Registry No.	
☐ If Authorized Representative, \ Representative, Valid government-issu Letter/Special Power of Attorney (SPA				
CERTIFICATE OF LIVE B	IRTH DETAILS/DOCUM	ENT OWN	ER'S INFORMATION	
LAST NAME (if female, last name <u>before</u> marriage):				
FIRST NAME (include JR., SR., II, etc., if applicable)				
MIDDLE NAME (if female, middle name <u>before</u> marriage)				
DATE OF BIRTH (Month/Day/Year)				
HOSPITAL or PLACE OF BIRTH				
SEX (Male or Female)				
NAME OF FATHER				

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
CONTACT NO.		EMAIL	
ADDRESS			
Relationship of Authorized Representative to Document Owner			

NOTICE / CONFORME

The City Civil Registry Department (CCRD) of Quezon City is committed to efficiently attend to all civil registry concerns of its constituents and effectively provide them with excellent service. I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge and belief. I fully understand that the requested civil registry documents and other legal documents, if available in the CCRD, may only be released to me upon presentation of the required authorization letter or special power of attorney from the document owner/s, valid government issued IDs, and other necessary documents, subject to the pertinent provisions of Republic Act No. 10173, also known as the "Data Privacy Act of 2012," its Implementing Rules and Regulations, PSA Memorandum Circular No. 2019-15 and 2019-15A, and other related laws. I have read this form, understood its contents, and I give my control to the provisions of the public and the provided information/data, which shall remain confidential, and shall be retained by the CCRD in accordance with RA 10173 and other applicable laws. Should you have questions and concerns regarding this consent form and the personal data you have disclosed, please feel free to contact our Data Protection Officer at records.ccr@quezoncity.gov.ph or at 8-988-4242 loc. 8868.

Signature of the Requester/Authorized Representative		Date and Time
FOR CCRD USE ONLY:		
Received by:	OR No	
Date/Time of Receipt:	Date/Time of Release:	
QCG.CCRD.RD.F.18	THIS FORM IS NOT FOR SALE	

REPUBLIC OF TH CITY CIVIL REC QUEZON CITY, M

MOTHER'S MAIDEN NAME
PURPOSE OF REQUEST

REPUBLIC OF THE PHILIPPINES CITY CIVIL REGISTRY DEPARTMENT QUEZON CITY, METRO MANILA



FORM 1BC Request for Certified True Copy of Birth Certificate

Uslid government-issued ID of the Document Owner

☐ If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID on Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner

CERTIFICATE OF LIVE BIRTH DETAILS/DOCUMENT OWNER'S INFORMATION

LAST NAME (if female, last name <u>before</u> marriage):	
FIRST NAME (include JR., SR., II, etc., if applicable)	
MIDDLE NAME (if female, middle name <u>before</u> marriage)	
DATE OF BIRTH (Month/Day/Year)	
HOSPITAL or PLACE OF BIRTH	
SEX (Male or Female)	
NAME OF FATHER	
MOTHER'S MAIDEN NAME	
PURPOSE OF REQUEST	

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
CONTACT NO.		EMAIL	
ADDRESS			
Relationship of Auth	norized Representative to Document Owner		

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☐ Valid government-	issued ID of the Document Owner	No. of Copies:	Registry No.
	presentative, Valid government-issued ID of	оорюэ.	
	povernment-issued ID and Signed Authorization f Attorney (SPA) of the Document Owner		

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MIDDLE NAME (if female, middle name <u>before</u> marriage)	
DATE OF BIRTH (Month/Day/Year)	
HOSPITAL or PLACE OF BIRTH	
SEX (Male or Female)	
NAME OF FATHER	
MOTHER'S <u>MAIDEN</u> NAME	
PURPOSE OF REQUEST	

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
CONTACT NO.		EMAIL	
ADDRESS			
Relationship of Autl	norized Representative to Document Owner		

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FORM 1BC

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REPUBLIC OF THE PHILIPPINES CITY CIVIL REGISTRY DEPARTMENT QUEZON CITY, METRO MANILA

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FORM 1BC
Request for Certified True Copy of
Birth Certificate

☐ Valid government-issued ID of the Document Owner	No. of Copies:	Registry No.
☐ If Authorized Representative, Valid government-issued ID of	оорісэ.	
Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner		

CERTIFICATE OF LIVE BIRTH DETAILS/DOCUMENT OWNER'S INFORMATION

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HOSPITAL or PLACE OF BIRTH	
SEX (Male or Female)	
NAME OF FATHER	
MOTHER'S MAIDEN NAME	
PURPOSE OF REQUEST	

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
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