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CERTIFICATE OF LIVE BIRTH DETAILS/DOCUMENT OWNER'S INFORMATION

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

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 consent to the processing of 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.ccrd@quezoncity.gov.ph or at 8-988-4242 loc. 8868.

Signature of the Requester/Authorized Representative _____ Date and Time _____

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Received by: _____ OR No. _____

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THIS FORM IS NOT FOR SALE



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