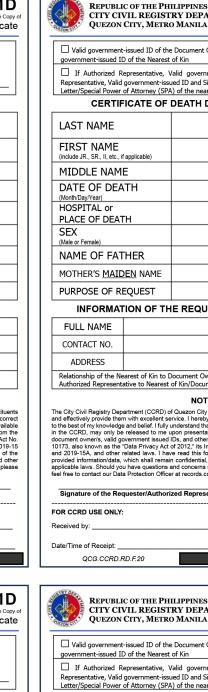
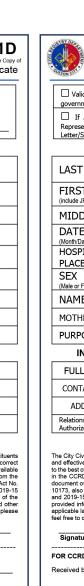
CITY CIV	C OF THE PH VIL REGIST CITY, METR	RY DEPARTMENT	PILIPINAS	BACONG PA	FORM 1D Request for Certified True Copy Death Certificate
☐ Valid government government-issued II		e Document Owner and/or	Valid	No. of Copies:	Registry No.
If Authorized Representative, Valid Letter/Special Power	epresentative, government-iss of Attorney (SP)	/alid government-issued ued ID and Signed Authoriz A) of the nearest of kin DEATH DETAILS/	zation _		NFORMATION
LAST NAME					
FIRST NAME (include JR., SR., II, etc., if	applicable)				
MIDDLE NAMI	E				
DATE OF DEA (Month/Day/Year)	TH				
HOSPITAL or PLACE OF DEAT	Н				
SEX (Male or Female)					
NAME OF FAT	HER				
MOTHER'S MAID	<u>EN</u> NAME				
PURPOSE OF RE	EQUEST				
INFORMAT	ION OF TH	IE REQUESTER/A	UTHOR	IZED RE	EPRESENTATIVE
FULL NAME					
CONTACT NO.			EMAIL		
ADDRESS		-			
		Oocument Owner or the of Kin/Document Owner			
nd effectively provide then the best of my knowledge the CCRD, may only be becument owner/s, valid go 1173, also known as the " dd 2019-15A, and other rovided information/data, splicable laws. Should you	n with excellent se and belief. I fully released to me in overnment issued 'Data Privacy Act 'elated laws. I han which shall remain u have questions	ervice. I hereby certify that the understand that the requester upon presentation of the req IDs, and other necessary do of 2012," its Implementing R, 'er ead this form, understoo n confidential, and shall be r	o efficiently at a information d civil registry uired authoriz cuments, sub ules and Reg d its contents etained by the	provided in the documents a zation letter of ject to the perpetitions, PS/s, and I give the CCRD in a and the pers	vil registry concerns of its constituent his form is complete, true, and correct and other legal documents, if available or special power of attorney from thirtnent provisions of Republic Act Nc A Memorandum Circular No. 2019-1 my consent to the processing of the accordance with RA 10173 and other onal data you have disclosed, pleas toc. 8868.
Signature of the Rec	quester/Author	zed Representative		Dat	e and Time
OR CCRD USE ONLY:					
eceived by:		OR No			
		Dat	e/Time of R		
. –	RD.F.20		THIS FOR	RM IS NOT I	FOR SALE
ate/Time of Receipt: QCG.CCRD.F					
QCG.CCRD.F	C OF THE PH VIL REGIST CITY, METR	RY DEPARTMENT	PILIPINAS	BAGONG PA	FORM 1D Request for Certified True Copy Death Certificate





REPUBLIC OF THE PHILIPPINES CITY CIVIL REGISTRY DEPARTMENT QUEZON CITY, METRO MANILA Valid government-issued ID of the Document Owner and/or Valid government-issued ID of the Nearest of Kin $\hfill \square$ If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the nearest of kin

CERTIFICATE OF	DEATH DETAILS/DECEASED'S INFORMATION
LAST NAME	
FIRST NAME (include JR., SR., II, etc., if applicable)	
MIDDLE NAME	
DATE OF DEATH (Month/Day/Year)	
HOSPITAL or PLACE OF DEATH	
SEX (Male or Female)	
NAME OF FATHER	
MOTHER'S <u>MAIDEN</u> NAME	
DUDDOSE OF DECLIEST	

FORM 1D

Death Certificate

FORM 1D

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
CONTACT NO.		EMAIL	
ADDRESS			
	arrest of Kin to Document Owner or the ative to Nearest of Kin/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. Infully understand that the requested cultivergistry documents and other gal 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 ownerds, 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 provised 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.ccrt@quezoncity.gov.ph or at 8-988-4242 loc. 8888.

Signature of the Requester/Authorized	Representative Date and Time					
FOR CCRD USE ONLY:	RD USE ONLY:					
Received by:	OR No					
Date/Time of Receipt:	Date/Time of Release:					
OCG CCRD RD F 20	THIS FORM IS NOT FOR SALE					

QUEZON CITY, METRO		INAS BAGONG PIN	Request for Certified True Copy of Death Certificate		CITY CIVIL REGIST QUEZON CITY, METRO		INAS * BAGONG PIL	Request for Certified True Copy of Death Certificate
☐ Valid government-issued ID of the Egovernment-issued ID of the Nearest of		No. of Copies:	Registry No.		☐ Valid government-issued ID of the government-issued ID of the Nearest		No. of Copies:	Registry No.
☐ If Authorized Representative, Val Representative, Valid government-issued Letter/Special Power of Attorney (SPA)	d ID and Signed Authorization				☐ If Authorized Representative, \ Representative, Valid government-issu Letter/Special Power of Attorney (SPA	ued ID and Signed Authorization		
CERTIFICATE OF D	EATH DETAILS/DECE	ASED'S IN	FORMATION		CERTIFICATE OF	DEATH DETAILS/DECE	:ASED'S IN	FORMATION
ACT NAME				П	LAST NAME			

SEX

NAME OF FATHER MOTHER'S MAIDEN NAME PURPOSE OF REQUEST

LAST NAME		
FIRST NAME (include JR., SR., II, etc., if applicable)		
MIDDLE NAME		l
DATE OF DEATH (Month/Day/Year)		
HOSPITAL or PLACE OF DEATH		
SEX (Male or Female)		
NAME OF FATHER		l
MOTHER'S <u>MAIDEN</u> NAME		l
PURPOSE OF REQUEST		

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

INFORMATION OF THE REQUESTER/AUTHORIZED REFRESENTATIVE						
FULL NAME						
CONTACT NO.		EMAIL				
ADDRESS						
	earest of Kin to Document Owner or the ative to Nearest of Kin/Document Owner					

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Signature of the Requester/Authorized Representative		Date and Time
FOR CCRD USE ONLY:		
Received by:	OR No	
Date/Time of Receipt:	Dat	e/Time of Release:
QCG.CCRD.RD.F.20		THIS FORM IS NOT FOR SALE

Letter/Special Power of Attorney (SPA	A) of the nearest of kin						
CERTIFICATE OF DEATH DETAILS/DECEASED'S INFORMATION							
LAST NAME							
FIRST NAME (include JR., SR., II, etc., if applicable)							
MIDDLE NAME							
DATE OF DEATH (Month/Day/Year)							
HOSPITAL or PLACE OF DEATH							

INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE

FULL NAME			
CONTACT NO.		EMAIL	
ADDRESS			
	earest of Kin to Document Owner or the		

NOTICE / CONFORME

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Signature of the Requester/Authorize	ed Representative	Date and Time
FOR CCRD USE ONLY:		
Received by:	OR No	
Date/Time of Receipt:	Date/Time	of Release:
QCG.CCRD.RD.F.20	THIS	FORM IS NOT FOR SALE