



<input type="checkbox"/> Valid government-issued ID of the Document Owner and/or Valid government-issued ID of the Nearest of Kin	No. of Copies:	Registry No.
<input type="checkbox"/> 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 <small>(include JR., SR., II, etc., if applicable)</small>	
MIDDLE NAME	
DATE OF DEATH <small>(Month/Day/Year)</small>	
HOSPITAL or PLACE OF DEATH	
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 the Nearest of Kin to Document Owner or the Authorized Representative 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. 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 _____

FOR CCRD USE ONLY:

Received by: _____ OR No. _____

Date/Time of Receipt: _____ Date/Time of Release: _____

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THIS FORM IS NOT FOR SALE



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