PHILIPPINE FOREIGN SERVICE POST

FETAL DEATH FORM

THIS FORM IS NOT FOR SALE
(DFA-OCA-CRD-09 / REV.00 / 24 APRIL 2018)

OFFICIAL USE ONLY

DATE OF REGISTRATION

REGISTRY NUMBER

INFORMATION OF THE FETUS

1. CHILD'S LAST NAME
2. CHILD'S FIRST NAME
3. CHILD'S MIDDLE NAME
4. PLACE OF DELIVERY *(city/state/province, country)*
5. DATE OF DELIVERY *(Ex. 01 January 2000)*
6. SEX ☐ MALE ☐ FEMALE
7. METHOD OF DELIVERY _____
8. WEIGHT (grams) _____

DETAILS OF BIRTH PARENTS (at the time of the child's birth/delivery)

	INFORMATION OF THE FATHER	MAIDEN INFORMATION OF THE MOTHER
9. LAST NAME		
10. FIRST NAME		
11. MIDDLE NAME		
12. DATE OF BIRTH *(Ex. 01 January 2000)*		
13. PLACE OF BIRTH *(city/state/province, country)*		
14. CITIZENSHIP		
15. DATE & PLACE OF REGISTRATION AS PHILIPPINE CITIZEN *(Ex. 01 January 2000/ country)*		

16. CIVIL STATUS OF PARENTS ☐ MARRIED ☐ NOT MARRIED

17. DATE OF MARRIAGE *(Ex. 01 January 2000)*

18. PLACE OF MARRIAGE *(city/state/province, country)*

ADDITIONAL FACTS OF BIRTH

19. TOTAL NUMBER OF CHILDREN BORNE BY MOTHER *(Live Births+fetal deaths, including this delivery)*

20. BIRTH ORDER OF THE CHILD *(first, second, third, etc.)*

21. TYPE OF BIRTH ☐ Single ☐ Twins ☐ Triplets ☐ Others

PARTICULARS OF FETAL DEATH

22. CAUSES OF FETAL DEATH ☐ Main Disease/ Condition of Fetus ☐ Other Disease/ Condition of Fetus ☐ Main Maternal Disease/ Condition Affecting Fetus ☐ Other Maternal Diseases/ Condition Affecting Fetus ☐ Other Relevant Circumstances

23. FETAL DEATH TIMING	24. LENGTH OF PREGNANCY *(completed weeks)*	25. NAME OF ATTENDANT AT BIRTH	26. DISPOSITION OF FETAL REMAINS
☐ Before Labor ☐ Unknown ☐ During Labor Delivery		☐ *Medical Doctor/ Physician* ☐ *Nurse* ☐ *Midwife* ☐ *Others*	

27. I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of birth of the fetus being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME : _____

RELATIONSHIP TO THE FETUS : _____

SUBSCRIBE AND SWORN TO BEFORE ME this _____ by the above-named informant, here in _____.
Date (Ex. 01 Jnauary 2000)

[SEAL] NOTARIAL AUTHORITY

28. REMARKS/ANNOTATIONS

OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

29. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, _____ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate _____.

Date: _____
Doc. No. _____
Service No. _____
O.R. No. _____
Fee Paid _____
Book No. _____
Series of _____

[SEAL] REPUBLIC OF THE PHILIPPINES