



# PHILIPPINE FOREIGN SERVICE POST

**THIS FORM IS NOT FOR SALE**

(DFA-OCA-CRD-09 / REV.00 / 24 APRIL 2018)

**OFFICIAL USE ONLY**

DATE OF REGISTRATION

REGISTRY NUMBER

## FETAL DEATH FORM

### 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

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)

#### MAIDEN INFORMATION OF THE MOTHER

### 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

☐

Before Labor

☐

Unknown

☐

During Labor Delivery

24. LENGTH OF PREGNANCY  
(completed weeks)

25. NAME OF ATTENDANT AT BIRTH

☐

Medical Doctor/Physician

☐

Nurse

☐

Midwife

☐

Others

26. DISPOSITION OF FETAL REMAINS

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 January 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