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| --- |
| **COUNTER**  **16-17**  **BIRTH CERTIFICATE**  Request Form |
| **DATE FILED:** |
| **NAME:** |
| **DATE OF BIRTH:** |
| **PLACE OF BIRTH:** |
| **FATHER’S NAME:** |
| **MOTHER’S MAIDEN NAME:** |
| **REQUESTED BY:** |
| **ADDRESS;** |
| **CONTACT NUMBER:** |
| **RELATION TO THE OWNER:** |
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| **To be filled up by the office** |
| **REGISTRY NUMBER:** |
| **[ ] WITH Remarks [ ] Without Remarks** |
| **Verified by: [ ] Counter 16 [ ] Counter 17** |
| **--------------------------------------------------------------------------------------------------------------------**  **BIRTH CERTIFICATE CLAIM STUB**  **( Claim at Counter 18 )** |
| **REGISTRY NUMBER:** |
| **NAME:** |
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| **REMARKS** |
| **ATTENDING PERSONNEL:** |
| **Date:** |
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