

OCCR Request Form No. 2 (death request form)

**OFFICE OF THE CITY CIVIL REGISTRAR
Tagum City**

Remarks:

Date : _____

NAME OF THE DECEASED:

_____ | _____ | _____
first middle last

DATE OF DEATH:

_____ | _____ | _____ | _____ | _____ | _____ | _____
day month year sex citizenship civil age
status

PLACE OF DEATH:

_____ | _____
city/municipality province

State date of reqt'n. if registered under LATE REGISTRATION:

Name & Signature of Requesting Party:

Relationship:

Address:

Purpose:

..... TO BE FILLED UP BY THE OFFICE

Registry No. **Date of Registration** **VERIFIED BY:**

Page No. **Book No.** **DATE verified:**

CAUSE OF DEATH:

NOTE: Document/certification not claimed within 30 working days from the date of release will be disposed of.

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