Municipal Form No. 103
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF DEATH

Province
City/Municipality Tacloban City

Registry No. 2025 - 1212

1. NAME (First)	(Middle)	(Last)	2. SEX (Male/Female)
ROLY	GARCIA	COMPIN	Male

3. DATE OF DEATH (Day, Month, Year)	4. DATE OF BIRTH (Day) (Month) (Year)	5. AGE AT THE TIME OF DEATH (Fill in below according to age category) a. IF 1 YEAR OR ABOVE [Y] Completed years	b. IF UNDER 1 YEAR [M] Months	[D] Days	c. IF UNDER 24 HRS Hours	Min/Sec
28 April 2025	07 September 1962	62 yrs. old				

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province): Brgy. 63 Purok 2, Pleasantville Subdivision, Sagkahan, Tac. City

7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced): Married

8. RELIGION/RELIGIOUS SECT: Roman Catholic

9. CITIZENSHIP: Filipino

10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country): Brgy. 63 Purok 2, Pleasantville Subdivision Sagkahan, Tacloban City

11. OCCUPATION: Retired Fireman

12. NAME OF FATHER (First, Middle, Last): Angel Benito Corpin

13. MAIDEN NAME OF MOTHER (First, Middle, Last): Natividad Doble Garcia

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) — Interval Between Onset and Death

I. Immediate cause : a. Aspiration Pneumonia
Antecedent cause : b.
Underlying cause : c. Cerebrovascular Accident
II. Other significant conditions contributing to death:

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)

_____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices

19d. DEATH BY EXTERNAL CAUSES
a. Manner of death (Homicide, Suicide, Accident, Legal Intervention, etc.)
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY (Yes / No): NO

21a. ATTENDANT
_____ 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority X 4 None _____ 5 Others (Specify)

21b. If attended, state duration (mm/dd/yy)
From _____ To _____

22 CERTIFICATION OF DEATH
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I [ ] have attended/ [X] have not attended the deceased and that death occurred at 2:55 pm am/pm on the date of death specified above.

Signature
Name in Print KELTON JOHN H. MATE, M.D.
Title or Position Medical Officer III
Address Tacloban City Health Office
Date 29th April 2025

REVIEWED BY: Kelton John H. Mate, MD
Lic # 0138194
JAIME M. OPINION, JR., MD, FICS, FPAMS, CE
Signature Over Printed Name of Health Officer
29th April 2025
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify): Burial

24a. BURIAL/CREMATION PERMIT
Number
Date Issued

24b. TRANSFER PERMIT
Number
Date Issued

CERTIFIED TRUE XEROX COPY ON THE ORIGINAL
CITY CIVIL REGISTRAR'S OFFICE
TACLOBAN CITY
FOR SUPERABLE
ASST. REGISTRATION OFFICER
VERIFIED BY:
DATE: 29 APR 2025

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Leyte Memorial Park, Tacloban City

26. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature
Name in Print Rolyann Corpin Abanilla
Relationship to the Deceased Daughter
Address Brgy. 63, Purok 2, Pleasantville, Tac. City
Date 29th April 2025

27. PREPARED BY

Signature
Name in Print Juanita E. Suyco
Title or Position Admin Aide 1
Date 29th April 2025

28. RECEIVED BY

Signature
Name in Print MARITE C. FAUSTINO
Title or Position ADMINISTRATIVE AIDE 1
Date 29 APR 2025

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print IMELDA A. ROA
Title or Position CITY CIVIL REGISTRAR
Date 29 APR 2025

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5	8	9	10	11	19a(a)/19b	19a(c)

FOR CHILDREN AGED 0 TO 7 DAYS

14 AGE OF MOTHER	15 METHOD OF DELIVERY (Natural specify)	16 LENGTH OF PREGNANCY (In completed weeks)

17 TYPE OF BIRTH (Single Twin Triplet etc.)	18 IF MULTIPLE BIRTH, CHILD WAS (First Second Third etc.)

MEDICAL CERTIFICATE

19a CAUSES OF DEATH

a Main disease/condition of infant _____

b Other diseases/conditions of infant _____

c Main maternal disease/condition affecting infant _____

d Other maternal disease/condition affecting infant _____

e Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

_____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____ _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.

Signature CIORDIA BATERNA Title/Designation _____

Name in Print ST. PETER License No. LIC. EMBALMER 09-18-6609

Address _____ Issued on 09-23-19 MANILA at

Expiry Date MAY 2017

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.

2. That the deceased at the time of his/her death:

☐ was attended by _____;

☐ was not attended.

3. That the cause of death of the deceased was _____.

4. That the reason for the delay in registering this death was due to _____.

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.

_____

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his/her CTC/valid ID _____ issued on _____ at _____.

_____ _____

Signature of the Administering Officer Position / Title / Designation

_____ _____

Name in Print Address