



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY

Reference No. 23CRS02-03-7785

MEMORANDUM CIRCULAR NO. 2023- 11

TO : ALL REGIONAL DIRECTORS, CHIEF
STATISTICAL SPECIALISTS, CRASD CHIEFS,
AND CITY/MUNICIPAL CIVIL REGISTRARS

SUBJECT : Guidelines for the Registration of Death and
Fetal Death

DATE : 13 May 2023

This is in relation to the practice of some Local Civil Registrars using Municipal Form No. 103 in the preparation of Certificate of Death (COD) and Certificate of Fetal Death (COFD) which deviates the rules on registration of such vital events.

To establish proper monitoring, archiving as well as to generate complete and accurate data, the following terms are reiterated:

Death is defined as a permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation)¹.

On the other hand, fetal death is defined as the death prior to the complete expulsion of a product of conception, irrespective of the period of pregnancy. The death is indicated by the fact that after such separation, the fetus does not breathe nor show any other evidence of life, such as the beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.

¹ United Nations Department of Economic and Social Affairs. UN Principles and Recommendations for a Vital Registration System. Revision 3, 2014, Chapter 1, page 3



The following guidelines must be strictly adhered to on the registration of deaths and fetal deaths in accordance with the provisions of Administrative Order No. 1, series of 1993 (*Implementing Rules and Regulations of Act No. 3753 and Other Laws on Civil Registration*) and Manual of Instructions on Civil Registry Forms: Accomplishment and Coding (2008):

1. COD using Municipal Form No. 103 (*Attachment 1*) shall be prepared and to be registered in the Register of Deaths when the definition of death is satisfied and when the case are as follows:
 - a. A fetus with an intra-uterine life of seven months or more and born alive at the time it was completely delivered from the maternal womb but died; and
 - b. A fetus with an intra-uterine life of less than seven months and lived for more than twenty-four hours after its complete delivery from the mother's womb but died.
2. COFD using Municipal Form No. 103A (*Attachment 2*) shall be prepared and to be registered in the Register of Fetal Deaths when:
 - a. Fetal death occurred satisfying the definition above.

If the fetus had an intra-uterine life of less than seven months, it is not deemed born if it dies within twenty-four hours after its complete delivery from the maternal womb. Therefore, a Certificate of Live Birth and Certificate of Death shall be prepared for statistical purposes only and should not be registered at the appropriate registry books.

3. Record organization
 - a. Maintain separate registry books for both COD and COFD;
 - b. Folio COD and COFD in separate folders; and
 - c. Assign sequential registry numbers to each folio but for COFD, registry number will have a prefix of 6, e.g. Registry Number 2023 – 6000001, Registry Number 2023 – 6000002, and so on.

4. Accuracy and completeness of data

- a. Ensure that all information provided in the COD and COFD are accurate and complete;
- b. Verify information with the informant or with the attending physician, if necessary; and
- c. Regularly update and reconcile the registry books with those in the folders.

For your information and strict compliance.



CLAIRE DENNIS S. MAPA, PhD

Undersecretary

National Statistician and Civil Registrar General


MBC/EFC/NDM/RDF

Attachments:

1. Certificate of Death or Municipal Form No. 103
2. Certificate of Fetal Death or Municipal Form No. 103A

Attachment A

Municipal Form No. 105 (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 _____		Registry No. _____				
City/Municipality _____						
1 NAME (First Middle Last)		2 SEX (Male/Female)				
3 DATE OF DEATH (Day Month Year)	4 DATE OF BIRTH (Day Month Year)	5 AGE AT THE TIME OF DEATH (a. In full years (b. In full months (c. In full days (d. In full hours (e. In full minutes (f. In full seconds)				
6 PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No. St. Barangay City/Municipality Province)		7 CIVIL STATUS (Single/Married/Divorced/Widowed/Annulled/Deceased)				
8 RELIGION/RELIGIOUS SECT	9 CITIZENSHIP	10 RESIDENCE (House No. St. Barangay City/Municipality Province Country)				
11 OCCUPATION	12 NAME OF FATHER (First Middle Last)	13 MOTHER NAME OF MESSNER (First Middle Last)				
MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-18a at the back)						
14a CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death				
1. Immediate cause _____		a. _____				
2. Antecedent cause _____		b. _____				
3. Underlying cause _____		c. _____				
4. Other significant conditions contributing to death _____						
15a MATERNAL CONDITION (If the deceased is female aged 15-48 years old)						
a. pregnant, not in labor _____ b. pregnant, in labor _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the above _____						
16a 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.) _____						
17a ATTEMPT		17b If attempted, state duration (mm/seconds)				
1. Private Physician _____		From _____ To _____				
2. Public Health Officer _____						
3. Hospital Authority _____						
4. None _____						
5. Others (Specify) _____						
18a CERTIFICATION OF DEATH		REVIEWED BY:				
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended _____ have not attended the deceased and that death occurred at _____ within or the date of death specified above:		Signature Over Printed Name of Health Officer _____				
Signature _____		Date _____				
Name in Print _____						
Title or Position _____						
Address _____						
Date _____						
19 CORPSE DISPOSAL (Burial Cremation if others specify)	20a BURIAL CREMATION PERMIT Number _____ Date Issued _____	20b TRANSFER PERMIT Number _____ Date Issued _____				
25 NAME AND ADDRESS OF CEMETERY OR CREMATORY _____						
26 CERTIFICATION OF INFORMANT		27 PREPARED BY				
I hereby certify that all information supplied are true and correct to my own knowledge and belief.		Signature _____				
Signature _____		Name in Print _____				
Name in Print _____		Title or Position _____				
Relationship to the Deceased _____		Date _____				
Address _____						
Date _____						
28 RECEIVED BY		29 REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR				
Signature _____		Signature _____				
Name in Print _____		Name in Print _____				
Title or Position _____		Title or Position _____				
Date _____		Date _____				
REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)						
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR						
3	5	6	10	11	18a(p)/19b	18a(c)

FOR CHILDREN AGED 6 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal, operative, etc.) <small>(Specify if others, specify)</small>	16. LENGTH OF PREGNANCY <small>(in complete weeks)</small>
17. TYPE OF BIRTH <small>(Single, Twin, Triplet, etc.)</small>	18. IF MULTIPLE BIRTH, CHILD WAS <small>(First, Second, Third, etc.)</small>	
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant		
b. Other disease/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 _____ Title/Designation _____
 Name in Print _____ License No. _____
 Address _____ Issued on _____ of _____
 Expiry Date _____

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, so hereby depose and say:

- That _____ died on _____ at _____ in _____ and was buried/interred in _____ on _____.
- That the deceased at the time of his/her death was attended by _____ was not attended.
- That the cause of death of the deceased was _____.
- That the reason for the delay in registering the death was due to _____.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes. In such witness, 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 _____ of _____, 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 _____

Attachment B

Municipal Form No. 109A (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)	
CERTIFICATE OF FETAL DEATH					
Province _____				Registry No. _____	
City/Municipality _____					
FETUS	1. NAME (First) _____ (Middle) _____ (Last) _____				
	2. SEX (Male/Female/Undetermined) _____		3. DATE OF DELIVERY (Day) _____ (Month) _____ (Year) _____		
	4. PLACE OF DELIVERY (Name of Hospital/Clinic/Institution/ House No., St., Barangay) _____		(City/Municipality) _____		(Province) _____
	5a. TYPE OF DELIVERY (Single, Twin, Triplet, etc.) _____		5b. IF MULTIPLE DELIVERY, FETUS WAS (First, Second, Third, etc.) _____		
	5c. METHOD OF DELIVERY (Normal spontaneous, forceps, etc., specify) _____		5d. BIRTH ORDER (see back and total deaths including the delivery) (First, Second, Third, etc.) _____		5e. WEIGHT OF FETUS _____ grams
MOTHER	8. MARDEN NAME (First) _____ (Middle) _____ (Last) _____				
	7. CITIZENSHIP _____	8. RELIGION/RELIGIOUS SECT _____	9. OCCUPATION _____	10. AGE at the time of this delivery (completed years) _____	
	11a. Total number of children born alive _____		11b. No. of children still living _____		11c. No. of children born alive but are now dead _____
	12. RESIDENCE (House No., St., Barangay) _____		(City/Municipality) _____	(Province) _____	(Country) _____
FATHER	13. NAME (First) _____ (Middle) _____ (Last) _____				
	14. CITIZENSHIP _____	15. RELIGION/RELIGIOUS SECT _____	16. OCCUPATION _____	17. AGE at the time of this delivery (completed years) _____	
MARRIAGE OF PARENTS					
18a. DATE (Month) _____ (Day) _____ (Year) _____			18b. PLACE (City/Municipality) _____ (Province) _____ (Country) _____		
MEDICAL CERTIFICATE					
19. CAUSES OF FETAL DEATH					
a. Main disease/condition of fetus _____					
b. Other diseases/conditions of the fetus _____					
c. Main maternal disease/condition affecting fetus _____					
d. Other maternal disease/condition affecting fetus _____					
e. Other relevant circumstances _____					
20. FETUS DIED: 1 Before Labor _____ 2 During labor/delivery _____ 3 Unknown _____					
21. LENGTH OF PREGNANCY (in completed weeks) _____			22a. ATTENDANT (Physician, Nurse, Midwife, Midot or Traditional Birth Attendant, nurse, others (specify)) _____		
22b. CERTIFICATION OF FETAL DEATH					
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ have not attended the death of the fetus at _____ am/pm on the date of delivery specified above.					
Signature _____ Name in Print _____ Title or Position _____ Address _____ Date _____			REVIEWED BY: Signature Over Printed Name of Health Officer _____ Date _____		
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) _____		24. BURIAL/CREMATION PERMIT Number _____ Date issued _____		25. AUTOPSY (Yes /No) _____	
26. NAME AND ADDRESS OF CEMETERY OR CREMATORY _____					
27. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print _____ Relationship to the Deceased _____ Address _____ Date _____			28. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		
29. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____			30. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		
REMARKS/ANNOTATIONS (For LCRO/OCRO Use Only)					
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR					
7	8	9	10	11	12
13	14a	15c	16	17	18

POSTMORTEM CERTIFICATE OF FETAL DEATH

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

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 _____ Title/Designation _____
Name in Print _____ License No. _____
Address _____ Issued on _____ at _____
Expiry Date _____

AFFIDAVIT FOR DELAYED REGISTRATION OF FETAL 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 fetus at the time of his/her death:
 was attended by _____.
 was not attended.
3. That the cause of death of the fetus was _____.
4. That the reason for the delay in registering this fetal 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 Community Tax Cert. issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address