



Republic of the Philippines
Province of Nueva Ecija

MUNICIPALITY OF RIZAL
Office of the Municipal Civil Registrar

Date: _____ Civil Registry No. 2A

TO WHOM IT MAY CONCERN:

We certify that among others, The following facts of **DEATH** appear in our Register of DEATH on page _____ Book no. _____.

Registry Number :
Date of Registration :
NAME OF THE :
DECEASED :
Sex :
Age :
Civil Status :
Citizenship :
Date of Death :
Place of Death :
Cause of Death :

This Certification is issued to upon his/
her request.

Amount Paid :

O.R. No. :

REMARKS:

Date Paid :

Verified by:

DIVINA O. MIGUEL

ADMIN AIDE II/BOOKBINDER I

MUNICIPAL CIVIL REGISTRAR

JOSELITO G. CRUZ

Note: A Mark, Erasure Or Alteration Of Any Entry Invalidates This Certification.