

NATIONAL ARCHIVES OF THE PHILIPPINES

MANILA

REQUEST FOR BIRTH RECORD

RMAO Form 12

Revised 1998

PLEASE PRINT INFORMATION

TR No. B - _____

Date _____

NAME (Full Name)	FATHER'S FULL NAME	MOTHER'S FULL MAIDEN NAME
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PLACE OF BIRTH	DATE OF BIRTH
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Born at Fabella Memorial Hospital? Yes () No ()

Indicate if Previous Request was already made Yes () No ()

 Available () Not available ()

If not available, do you want to secure a Certification of Non-Availability?

 Yes () No ()

PURPOSE	No. of Copies Requested
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NAME OF REQUESTING PARTY	SIGNATURE	ADDRESS & TEL. NO.
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FOR ARCHIVES PERSONNEL ONLY

Records Consulted	Record is : () Available () Not available () Suspense	Schedule Date _____
		GDS / SDS ARCHIVIST

O.R. No.	Date Paid	Amount	RS Archivist	Typist / Archivist
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