

**EMBASSY OF THE PHILIPPINES
Singapore**

Republic of the Philippines)
Embassy of the Philippines) S.S.
Singapore)

Petition No. _____

**PETITION FOR CORRECTION OF CLERICAL ERROR
IN THE CERTIFICATE OF BIRTH**

I, _____, of legal age, _____,
(complete name of petitioner) (nationality/citizenship)
and a resident of _____
(complete address)

after having been duly sworn in accordance with law, hereby declare that:

1. I am a petitioner seeking correction of the clerical error in:
a) my Certificate of Birth
b) the Certificate of Birth of _____
(complete name of husband, wife, child)
who is my _____
(relation to the petitioner)

2. I/He/She was born on _____ at _____
(date of birth) (city/municipality)
_____, _____
(province) (country)

3. The Birth was recorded under registry number _____

4. The clerical error(s) to be corrected is (are): *(Use additional sheets, if necessary.)*

Item No.	Description	From	To

5. The facts/reasons for filing this petition are the following: *(Use additional sheets, if necessary.)*

6. I submit the following documents to support this petition: *(Use additional sheets, if necessary.)*
a) _____
b) _____
c) _____
d) _____

7. I have not filed a similar petition and that, to the best of my knowledge, no longer similar petition is pending with any LCRO, Court or Philippine Consulate.

8. I am filing this petition at the LCRO of _____, _____
(city/municipality) (province)

In accordance with RA No. 9048 and its implementing rules and regulations.

Signature over printed name of petitioner

VERIFICATION

I, _____, the petitioner, hereby certify that the allegations herein are true and correct to the best of my knowledge and belief.

Signature over printed name of petitioner

SUBSCRIBED AND SWORN to before me this _____ day of _____
in the city / municipality of _____, petitioner exhibiting his Community Tax
Certificate No. _____ issued at _____ on _____.

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

Administering Officer

For **C/MCR** use only

ACTION TAKEN BY THE C/MCR

Granted

Denied (Provide the basis for denial)

Date: _____

City / Municipal Civil Registrar

For **CRG** use only

ACTION TAKEN BY THE CRG

Affirmed

Impugned

Date: _____

Civil Registrar General

Payment of filing fee (Please attach copy of the official receipt.)

O.R. No. _____

Amount Paid _____

Date Paid _____