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| [UNITED MEXICAN STATES] |  | **UNITED MEXICAN STATES****CIVIL REGISTRY**ON BEHALF OF THE FREE AND SOVEREIGN STATE OF MICHOACÁN DE OCAMPO AND AS REGISTRAR OF THE CIVIL REGISTRY, I HEREBY CERTIFY AND ATTEST THAT THE BIRTH CERTIFICATE CONTAINING THE FOLLOWING INFORMATION IS STORED IN THE ARCHIVES OF THE CIVIL REGISTRY OFFICE: |  |
| C.R.I.P.[Individual ID Number] ------------------  OFFICE: BOOK: RECORD No. CITY REGISTRY DATE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [XX] | [XX] | [XXXXX] | [CITY] | MM/DD/YYYY |

|  |
| --- |
|  MUNICIPALITY STATE |
|

|  |  |
| --- | --- |
| [MUNICIPALITY] | [STATE] |

 |
| PATERNAL SURNAME | REGISTERED PARTYMATERNAL SURNAME | NAME |
|

|  |  |  |
| --- | --- | --- |
| [PATERNAL SURNAME] | [MATERNAL SURNAME] | [FIRST NAME(S)] |

SEX DATE OF BIRTH TIME OF BIRTH WAS REGISTERED

|  |  |  |  |
| --- | --- | --- | --- |
| [SEX] | [DATE OF BIRTH] | [TIME] | [ALIVE/DEAD] |

 |
|  | **PLACE OF BIRTH** |  |
| CITY | MUNICIPALITY  | STATE |
| [CITY] | [MUNICIPALITY] | [STATE] |
|  COUNTRY

|  |
| --- |
| [COUNTRY] |

 |  |  |
|  | **FATHER** |  |
|

|  |  |  |
| --- | --- | --- |
| [PATERNAL SURNAME] | [MATERNAL SURNAME] | [FIRST NAME(S)] |

NATIONALITY: [NATIONALITY] AGE: [AGE] |
| PATERNAL SURNAME | **MOTHER**MATERNAL SURNAME | NAME |
|

|  |  |  |
| --- | --- | --- |
| [PATERNAL SURNAME] | [MATERNAL SURNAME] | [FIRST NAME(S)] |

NATIONALITY: [NATIONALITY] AGE: [AGE] |
|  |  |

COMMENTS: |
| THIS CERTIFICATION IS ISSUED IN ACCORDANCE WITH ARTICLE 32 OF THE STATE CIVIL CODE CURRENTLY IN EFFECT, [CITY], MICHOACÁN, ON THE [DAY] OF [MONTH] OF THE YEAR [YEAR]. Certifying AuthorityTHE REGISTRAR OF THE CIVIL REGISTRY. I DO ATTEST.[Illegible Signature][NAME OF SIGNATORY] |  |
|  PREPARED: MGM | [RECORD NO.] |