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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 PARTY  MATERNAL 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 Authority  THE REGISTRAR OF THE CIVIL REGISTRY. I DO ATTEST.  [Illegible Signature]  [NAME OF SIGNATORY] | | | |  |
| PREPARED: MGM | | | [RECORD NO.] | |