**Civil Registry of Individuals**

**Birth Certificate**

The undersigned Civil Registrar of Individuals of the National Registry of Individuals of the [xxxx] Municipality, Department of [xxxx],

CERTIFIES

that on the [Day] of [Month] of the year [Year], in entry [xx], folio [xx], of book [xx], of the Civil Registry of the [xx] Municipality, [xx] District, the birth of the following individual has been recorded:

|  |
| --- |
|  |
| First and Last Names of the Newborn  |

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| Photo  |

 | **Information on the Newborn** |
|  |
| Personal Identification Code (PIC) |
|  |
|  |
| Date of Birth |
|  |  |
|  |  |
|  | Place of Birth |
|  |  |
|  |  |
|  | Gender |

|  |  |  |
| --- | --- | --- |
| **Information of the Mother** | Photo  | **Information of the Father** |
|  |  |  |
| First and Last Names of the Mother |  | First and Last Names of the Father |
|  |  |  |
|  | Photo  |  |
|  |  |  |
| Date of Birth |  | Date of Birth |
|  |  |  |
|  |  |  |
| Place of Origin |  | Place of Origin |
|  |  |  |
|  |  |  |