Municipal Form No. 103
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF DEATH

Province: CAVITE
City/Municipality: IMUS

Registry No.: 2025-2459

1. NAME (First)	(Middle)	(Last)	2. SEX (Male/Female)
JOEL JOHN	TUGADE	CLAVECILLA	MALE

3. DATE OF DEATH (Day, Month, Year)	4. DATE OF BIRTH (Day) (Month) (Year)	5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category)				
		a. IF 1 YEAR OR ABOVE	b. IF UNDER 1 YEAR		c. IF UNDER 24 HOURS	
		[2] Completed years	[1] Months	[0] Days	Hours	Min/Sec
24 DECEMBER 2025	07 OCTOBER 1994	31				

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)			7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced)
SOUTH IMUS SPECIALIST HOSPITAL, D.C ILANO BLVD. ANABU 2-C	IMUS	CAVITE	SINCLE

8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)
CATHOLIC	FILIPINO	B4 L14 TIERRA GRANDE, MANGGAHAN, GENERAL TRIAS, CAVITE, PHILIPPINES

11. OCCUPATION	12. NAME OF FATHER (First, Middle, Last)	13. MAIDEN NAME OF MOTHER (First, Middle, Last)
CALL CENTER AGENT	NOEL BELMORO CLAVECILLA	ANNABELLE JUEGO TUGADE

MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)

			Interval Between Onset and Death
I. Immediate cause	: a.	TRAUMATIC BRAIN INJURY	
Antecedent cause	: b.		
Underlying cause	: c.		
II. Other significant conditions contributing to death:			

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)

___ a. pregnant, not in labour ___ b. pregnant, in labour ___ c. less than 42 days after delivery ___ d. 42 days to 1 year after delivery ___ e. None of the choices

19d. DEATH BY EXTERNAL CAUSES

a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY (Yes/No): NO

21a. ATTENDANT: ___ 1 Private Physician ___ 2 Public Health Officer X 3 Hospital Authority ___ 4 None ___ 5 Others Specify

21b. If attended, state duration (mm/dd/yy): From 12-24-2025 To 12-24-2025

22. CERTIFICATION OF DEATH

☐ I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I ☒ have attended/ have not attended the deceased and that death occurred at 09:16 AM/pm on the date of death specified above.

Signature
Name in Print: CHRISTINE GIORGIA A. CORREO, M.D.,
Title of Position: PHYSICIAN
Address: SOUTH IMUS SPECIALIST HOSPITAL, D.C ILANO BLVD ANABU 2-C, IMUS CAVITE, PHILIPPINES
Date: DECEMBER 24, 2025

REVIEWED BY:
FERDINAND P. MINA, RMT, MD
Signature Over Printed Name of Health Officer
DEC 26 2025
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)	24a. BURIAL/CREMATION PERMIT	24b. TRANSFER PERMIT
BURIAL	Number:	Number: 0036702
	Date Issued:	Date Issued: December 26, 2025

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY: HIMLAYAN GENERAL TRIAS, GENERAL TRIAS, CAVITE

26. CERTIFICATION OF INFORMANT	27. PREPARED BY
I hereby certify that all information supplied are true and correct to my own knowledge and belief.	
Signature	Signature
Name in Print: JONNABELLE T. CLAVECILLA	Name in Print: ROLDAN A. BERTOLANO
Relationship to the Deceased: SISTER	Title or Position: HIM DEPT. - STAFF
Address: B4 L14 TIERRA GRANDE, MANGGAHAN, GEN. TRIAS CAVITE, PHILIPPINES	Date: DECEMBER 25, 2025
Date: DECEMBER 25, 2025	

28. RECEIVED BY	29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature	Signature
Name in Print: DEBBIE JANE S. MELO	Name in Print: RANDY B. GONZALES
Title or Position: ADMINISTRATIVE AIDE II	Title or Position: OIC-CITY CIVIL REGISTRAR
Date: DECEMBER 26, 2025	Date: DECEMBER 26, 2025

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5	8	9	10	11	19a(a)/19b	19a(c)
2 3 1	0 8	0 1	6 0 8 0 2 1 0 8	9 1 6 2		

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY: (in completed weeks)

17. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

a. Main disease/condition of infant _____

b. Other diseases/conditions of infant _____

c. Main maternal disease/condition affecting infant _____

d. Other maternal disease/condition affecting infant _____

e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was TRAUMATIC BRAIN INJURY

Signature _____ Title/Designation MEDECO LEGAL OFFECER

Name in Print PMAJ PETE C. MALINAO MD. Address PFU RESCUE 161&TRAUMA CENTER BLDG AGUINALDO HI-WAY IMUS CAVITE

Date DECEMBER 25, 2025

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed JOEL TUGADE CLAVECILLA following all the regulations prescribed by the Department of Health.

Signature _____ Title/Designation LICENSE EMBALMER

Name in Print ROMEO G. ADRIASOLA License No. 09-06-3500

Address MADRIAGA FUNERAL SERVICE BRGY.SAMPALOC 1V CITY OF DASMARIÑAS CAVITE Issued on _____ at CHD 4-A

Expiry Date FEBRUARY 8, 2028

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.

2. That the deceased at the time of his/her death:

☐ was attended by _____;

☐ was not attended.

3. That the cause of death of the deceased was _____.

4. That the reason for the delay in registering this death was due to _____.

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.

_____
(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his CTC/valid ID _____ issued on _____ at _____.

_____ _____
Signature of the Administering Officer Position / Title / Designation

_____ _____
Name in Print Address