

OR NSO USE ONLY (TRANSACTION NUMBER:)

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Republic of the Philippines Province of Cavite CITY OF IMUS

CITY CIVIL REGISTRAR'S OFFICE

## CERTIFICATE OF NO RECORD OF MARRIAGE CENOMAR - Application Form

IMPORTANT: PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE FORM Please PRINT letters in the spaces provided, Please CHECK ( , ) appropriate box(es). One Two Number of Copies ? Others (Specify) Sex: Male Birth Reference No. BReN(if known) Female **Date Request: OWNER'S PERSONAL INFORMATION** Last Name First Name Middle Name Date of Birth MONTH DAY YEAR Place of Birth City / Municipality Province Please specify country if Country orn abroad only: NAME OF FATHER Last Name First Name Middle Name MAIDEN NAME OF MOTHER Last Name First Name Middle Name **REGISTERED LATE?** Check ( $\sqrt{}$ ) appropriate box ☐ No Yes When: Requester's Γax Identification No. (TIN)

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|--|------|------------|-------|-------|---------|---|---|---|---|------------------|-----|----|--|-----|-----|-----|------|-----|---|--------------|---|--|
| IMPORTANT:PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE FORM                            |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Please PRINT letters in the spaces provided, Please CHECK ( $_{\swarrow}$ ) appropriate box(es). |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Number of Copies ?   | ·    |            |       | One   | One Two |   |   |   | 0 | Others (Specify) |     |    |  |     |     |     |      |     |   |              | _ |  |
| Birth Reference No.<br>BReN(if known)  |      | L          |       |       |         | - | L | L |   |                  |     | -[ |  |     | -   | L   |      | Sex |   | Male<br>male |   |  |
|  |      |            |       |       |         |   |   |   |   |                  |     |    |  | Dat | e R | equ | est: |     |   |              |   |  |
| OWNER'S PERSON   | AL I | NF         | ORM   | ATI   | ON      |   |   |   |   |                  |     |    |  |     |     |     |      |     | _ |              |   |  |
| Last Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| First Name   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| Middle Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| Date of Birth  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
|  | МС   | NTI        | +     |       |         |   |   |   |   |                  | DA' | Y  |  | YΕ  | AR  |     |      |     |   |              |   |  |
| Place of Birth   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
|  | City | / / N<br>• | lunic | ipali | ty      |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
|  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
|  | Pro  | vinc       | е     |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Please specify country if  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| born abroad only:  | Co   | untr       | /     |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| NAME OF FATHER   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Last Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| First Name   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Middle Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| MAIDEN NAME OF   | мо   | гне        | R     |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Last Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| First Name   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| Middle Name  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   | Ш            |   |  |
| REGISTERED LATE?   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Check ( √) appropriate box   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Requester's  |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| Tax Identification No. (TIN)   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| (if known)   |      |            |       |       |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |
| FOR NSO USE ONLY (TRANSA   | CTIC | N NU       | IMBÉR | ₹:)   |         |   |   |   |   |                  |     |    |  |     |     |     |      |     |   |              |   |  |