

City Health Office – Environmental Health and Sanitation Service External Services



1. Issuance of Health Certificate

This certificate is issued to all food handlers/non-food handlers applying for an employment and presently employed to business establishments like manufacturing companies, funeral parlor, food establishments, laundry shops, schools and other related establishments. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Office or	City Health Office –	Environment	tal Health and San	itation Service
Division:				
Classification:	Simple			
Type of	G2C- Government to Citizen			
Transaction:				
Who may avail:	All individuals seeking employment or currently employed in Food			
	& Non-Food establishments / businesses within the City of San			
	Pedro		WHERE TO SEC	
	REQUIREMENTS		dited medical labor	-
1. Diagnostic/labora				alones
Chest X-Ray result				
Original, 1 Photoco			dited medical labo	ratariaa
2. Diagnostic/labora				101165
Urinalysis and Feca Test Results (1 Orig	•			
3. Drug test from D			dited medical/drug	testing
laboratories, and ot		laboratories	0	tosting
,		laboratorica)	
-	as may be deemed necessary by each respective employer (1 Original Copy)			
For pregnant wom	· · · · · · · · · · · · · · · · · · ·			
1. Diagnostic/labora		DOH accred	dited medical labo	ratories
Hepatitis B (1 Origin				
If done through a	•••	ľ		
1. Authorization Le		Authorizing	Party	
Copy)			•	
2. Valid ID of Princi	ipal requestor (1	Requesting	Party	
Photocopy)			-	
3. Valid ID of Repre	esentative (1	Representa	tive	
Photocopy)	1		1	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the	1. Receive and	None	3 minutes	Staff
original copy and	validate the			CHO-EHSS
photocopy of the	required			
required	documents			
documents.	presented, return			
	required			
	documents upon			
	validation to the			
	client, and issue			
	an order of			



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	payment.			
2. Receive order of payment and pay the required fees at the Treasury Office.	2. Receive the Order of Payment and Payment and Issue an Official Receipt.	PHP 150.00	2 minutes	Treasury Office (Cashier) Employee
3. Present the original copy and photocopy of the Official Receipt, and required	3.1. Receive original and photocopy of documents	None	2 minutes	Staff CHO-EHSS
documents to the City Health Office- Environmental	3.2 Prepare/type the Health Certificate	None	3 minutes	<i>Staff</i> CHO-EHSS
Health and Sanitation Service.	3.3. Assist the client in signing and logging, recording of Health Certificate	None	2 minutes	Staff CHO-EHSS
	3.4. Release the Health Certificate.	None	2 minutes	<i>Staff</i> CHO-EHSS
	TOTAL:	PHP 150.00	14 Minutes	



2. Sanitary Permit to Operate (New and Renewal)

The Sanitary Permit is a written authorization or certification issued by the City Health Officer which signifies the establishment's compliance with the existing requirements upon inspection or evaluation by the Sanitation Engineer, Sanitary Inspector or Evaluator. This permit is issued to all business establishments as a pre-requisite for the issuance of business permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Office or	City Health Office -	Environmental Health and Sanitation Service	
Division:	City Health Office – Environmental Health and Sanitation Service		
Classification:	Simple / Complex (For Water Refilling Station)		
Type of	G2C- Government t		
Transaction:			
Who may avail:	Business Owners		
	REQUIREMENTS	WHERE TO SECURE	
1. Business Permit		Business Permit and Licensing Office	
Photocopy)		5	
2. Drinking Water S	ervice Provider /	Drinking Water Service Provider / Water	
Water Refilling Stat	ion Sanitary Permit	Refilling Station	
(1 Photocopy)	-		
3. Photocopy of He		City Health Office – Environmental Health and	
New Food or Non-F		Sanitation Service	
the nature of busine			
4. Original copy and		Private Pest Controller Service Provider	
Pest Control Servic			
Reports/Results (1	Original, 1		
Photocopy) For Food Establishi	mont dono		
twice a month (original service report)			
For Grocery/Superr	narket / Non-Food		
	ers – done monthly		
(original service rep			
5. Original copy and	photocopy of Ice	DOH accredited water testing laboratories	
Test Reports / Resu	ılt (1 Original, 1		
Photocopy))			
For Food and Beve			
establishments that	serves ice - done		
every other month	lta (1 Oniai:		
6. Water Test Resu	iits (1 Original, 1	DOH accredited water testing laboratories	
Photocopy)			
For Restaurants /	Fast Food		
a. Physical-Chem			
done once a year			
b. Microbiological			
2. meresieregiou			



done every other month)	
Note: Present year and previous	
year (for renewal)	
For piggery/manufacturing and other	related establishments:
1. ECC/CNC/FDA certificate (1	DENR / FDA
Original, 1 Photocopy)	
For clinics, laboratories, waste proces	ssing, reverse logistics and similar
	d party waste collection / waste hauler / waste
processor:	
1. Memorandum of Agreement	Waste collection, processing and disposal /
between the establishment /	Hauler service provider / company
company and their service provider	
of waste collection and processing /	
hauler. (1 Photocopy))	
	manufacturing / computer shop / funeral
	ools or establishments located with the
residential area:	
1. Neighbor's consent (1 Original	Neighbors beside/near the establishment
Copy)	
For Wet Market, Food Establishments	
1. Photograph of Kitchen Sink grease	By client
trap (. Can be printed or e-mailed to	
CHO-EHHS, photo must include the	
owner/representative)	
For Wet Market, Food Establishments	
1. Photograph of Kitchen Sink grease	By client
trap (. Can be printed or e-m ailed to	
CHO-EHHS, photo must include the	
owner/representative)	
For establishments with toilet facilitie	s / Kitchen Facilities that generate
wastewater:	3
1. Photograph of Septic Tank (Can	By client
be printed or e-mailed to CHO-	,
EHHS, photo must include the owner	
/ representative)	
For establishments that has toilet fac	ilities:
1. Photograph of Toilet Facilities	By client
(Can be printed or e-mailed to CHO-	
EHHS, photo must include the owner	
/ representative)	
For Water refilling stations:	,
1. Initial Clearance / Operational	DOH Region 4A, Quezon City
Permit/feasibility study / Engineering	
report using DOH Standard Form for	
Level I water source only (1 Original	
Copy)	
2. Sanitary Plan and Specifications	Licensed Sanitary Engineer
signed and sealed by a licensed	
Sanitary Engineer (1 Original Copy)	
3. Hazard Analysis Critical Control	Signed and prepared by anyone who
er nazara / maryolo Ondoar Oondol	



		r	PHILE	
Point/Water Safety Copy)	Plan (1 Original	completed t water refillir	he 40-Hour trainin ng stations	g course for
4. Certification of D	OH / FDA for		v	lanufacturers
certified containers,			From Supplier / Distributor / Manufacturers	
dispensers to be us				
stations (1 Original				
5. Certification of D		Supplier/Dis	stributor/Manufactu	Jrers
certified / approved washing &				
sanitizing solution to				
stations (1 Original				
6. Recent and prev		DOH accred	dited water testing	laboratories
test results for Micro			and mator tooting	
Physical-Chemical	•			
1 Photocopy)				
7. Water Test Resu	lts (For		dited water testing	laboratories
Water Refilling Stat			and watch toothing	
Original Copy)				
12.8.1 Physical-Ch	nemical			
Water Test -done				
	twice a			
year	ool Water Test			
12.8.2 Microbiologic	cal water Test -			
done monthly	hour oortificati			Manila
8. Certificate of 40-			Public Health, UP,	Manila
course for water ref	-			
Original, 1 Photoco			<u></u>	
9. Photocopy of He			Office – Environm	ental Health and
all Personnel (1 Ph	· · /	Sanitation C		
10. Certificate of P		DOH author	rized installer	
Registration/Specifi				
equipment used (C	ertified True Copy)			
Representative:			_	
	ter (1 Original Copy)	Requesting		
2. Valid ID of Princi	pal Client (1	Requesting	Party	
Photocopy)		ļ		
3. Valid ID of Repre	sentative (1	Representa	tive	
Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Receive and	None	5 minutes	Staff
original copy and	validate the			CHO-EHSS
photocopy of	requirements.			
business permit			_	
and other	1.1 Prepare the	None	5 minutes	Staff
sanitary	sanitary permit			CHO-EHSS
requirements	once requirements			
	are validated.			
	1.2 Assist the	None	2 minutes	Staff
	client in signing			CHO-EHSS
1				1
	and logging			
	and logging,			



	recording of Sanitary Permit to Operate.			
2. Receive the	2. Release the	None	2 minutes	Staff
Sanitary Permit to	Sanitary Permit to			CHO-EHSS
Operate	Operate.			
	TOTAL:	None	14 Minutes	



3. Cremation Permit

The Cremation Permit is an official document issued as a prerequisite for the cremation of a deceased body by a crematorium within the City of San Pedro. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Office or Division:	City Health Office – Environmental Health and Sanitation Service				
Classification:	Simple				
Type of	G2C- Government	to Citizen			
Transaction:					
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of			sentative of	
	the deceased	•			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Death Certificate	(registered or not),	Medical fac	ility or hospital whe	ere the deceased	
duly signed by the a	attending physician		passed away or Funeral parlor and local health		
from the point of ori	gin (1 original copy,	office if the	deceased did not	die in a medical	
1 photocopy)		facility.			
2. Certificate of Tra	nsfer or Transfer	Health Offic	e of the Local Gov	vernment Unit	
Permit of Cadaver,	Bones, or Ashes	where the r	emains were trans	ferred from	
issued by the Healt	-				
point of origin if the					
transferred from and	other city or				
municipality (1 origi	nal copy, 1				
photocopy)					
3. Authorization Let	ter to Process	Authorizing	Party/Data Subject	ct and Authorized	
Cremation Permit s	igned by the	Representative			
principal requestor,	with an attached				
copy of their valid I	כ (showing				
signature) and a co	py of the valid ID of				
the authorized repre					
original copy, 1 pho					
4. Notarized Barang			y the affiant (claim		
Kinship or Baranga		notarized by	y a lawyer or notar	y public	
Guardianship statin					
known relatives are					
process the necess	•				
no available docum	-				
to prove the client's	•				
deceased (1 origina	ll copy, 1				
photocopy)		.			
5. Valid I.D. for verif	ication (1 original	Authorizing	party/authorized r	epresentative	
сору)	ACENOV		DBOCESSING	DEDGON	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill out and	1. Receive and	Php	5 minutes	Staff	
submit the	validate the	200.00		CHO-EHSS	



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	TOTAL:	PHP 200.00	9 Minutes	
cremation permit.	TOTAL		0 Minutes	
receive the				
the required documents and				
photocopies of				
receipt, and the				
the official				
the photocopy of				
Receipt, submit	Cremation Permit			
original Official	received			
Present the	and recording the			
Service Office.	client in signing		2 minutos	CHO-EHSS
Sanitation	2.1 Assist the	None	2 minutes	Staff
Health and	nas been ullized.			
Health Office – Environmental	Official Receipt has been utilized.			
back to the City	Indicated that the			
then proceed	requirements.			
Official Receipt,	official receipt and			
Cremation Permit	photocopy of			CHO-EHSS
2. Photocopy the	2. Receive the	None	2 minutes	Staff
and pay the fee.				
Office/Cashier,	validated.			
Treasury	document is			
proceed to the	submitted			
Cremation Permit,	payment if the			
payment for	lssue an order of			
approved, receive the order of	will be returned.			
documents. Once	Incomplete or invalid documents			
required	requirements.			
Present the	and submitted			
application form.	application form			



4. Transfer Permit of Cadaver, Bones or Ashes

The Transfer of Cadaver, Bones, or Ashes Permit/Certificate is issued when a deceased body is to be transferred to another location for viewing or burial. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Division:Classification:SimpleType of Transaction:G2C- Government to CitizenWho may avail:Spouse, nearest relative, and/or the authorized representative or the deceased, and/or the family of the deceasedCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registrar's Office1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease passed away or Funeral parlor and local head office if the deceased did not die in a medica facility.2. Certificate of Transfer or Transfer Permit of Cadaver, Bones, or Ashes issued by the Health Office from the point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)Health Office of the Local Government Unit where the remains were transferred from another city or municipality (1 original copy, 1 photocopy)3. Authorization Letter to ProcessAuthorizing party/data subject and authorized	ased ealth cal
Type of Transaction:G2C- Government to CitizenWho may avail:Spouse, nearest relative, and/or the authorized representative or the deceased, and/or the family of the deceasedCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registrar's OfficeIf the deceased body is located in another locality:City Civil Registrar's Office1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease 	ased ealth cal
Transaction:Who may avail:Spouse, nearest relative, and/or the authorized representative or the deceased, and/or the family of the deceasedCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registrar's Office1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease passed away or Funeral parlor and local head 	ased ealth cal
Who may avail:Spouse, nearest relative, and/or the authorized representative or the deceased, and/or the family of the deceasedCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registrar's OfficeIf the deceased body is located in another locality:City Civil Registrar's Office1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease passed away or Funeral parlor and local hea 	ased ealth cal
the deceased, and/or the family of the deceasedCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registra's OfficeIf the deceased body is located in another locality:City Civil Registra's Office1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease passed away or Funeral parlor and local hea office if the deceased did not die in a medica 	ased ealth cal
CHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Death Certificate with Registry Number (1 Original, 1 Photocopy)City Civil Registrar's OfficeIf the deceased body is located in another locality:Medical facility or hospital where the decease passed away or Funeral parlor and local heat office if the deceased did not die in a medicat facility.1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 	ealth cal
Number (1 Original, 1 Photocopy)If the deceased body is located in another locality:1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease 	ealth cal
If the deceased body is located in another locality:1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease 	ealth cal
1. Death Certificate (registered or not), duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)Medical facility or hospital where the decease 	ealth cal
duly signed by the attending physician from the point of origin (1 original copy, 1 photocopy)passed away or Funeral parlor and local hea office if the deceased did not die in a medica 	ealth cal
from the point of origin (1 original copy, 1 photocopy)office if the deceased did not die in a medica facility.2. Certificate of Transfer or Transfer Permit of Cadaver, Bones, or Ashes 	cal
1 photocopy)facility.2. Certificate of Transfer or Transfer Permit of Cadaver, Bones, or Ashes issued by the Health Office from the point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)Health Office of the Local Government Unit where the remains were transferred from	
2. Certificate of Transfer or Transfer Permit of Cadaver, Bones, or Ashes issued by the Health Office from the point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)	t
Permit of Cadaver, Bones, or Ashes issued by the Health Office from the point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)	t
issued by the Health Office from the point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)	
point of origin if the remains were transferred from another city or municipality (1 original copy, 1 photocopy)	
transferred from another city or municipality (1 original copy, 1 photocopy)	
municipality (1 original copy, 1 photocopy)	
photocopy)	
3. Authorization Letter to Process Authorizing party/data subject and authorized	
	ea
Transfer Permit of Cadaver, Bones and representative	
Ashes signed by the principal	
requestor, with an attached copy of their valid ID (showing signature) and a	
copy of the valid ID of the authorized	
representative (1 original copy, 1	
photocopy)	
4. Notarized Barangay Affidavit of Prepared by the affiant (claimant) and notar	rized
Kinship or Barangay Certificate of by a lawyer or notary public	
Guardianship stating that no other	
known relatives are available to	
process the necessary documents, if	
no available documents are presented	
to prove the client's relationship to the	
deceased (1 original copy, 1	
photocopy)	
5. Valid I.D. for verification (1 original Authorizing party/authorized representative	
copy)	е



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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out and submit the application form. Present the required documents. Once approved, receive the order of payment for transfer permit of cadaver, bones and ashes, proceed to the treasury office/cashier, and pay the fee.	1. Receive and validate the application form and submitted requirements. Incomplete or invalid documents will be returned. Issue an order of payment if the submitted document is validated.	PHP 200.00	5 minutes	Staff CHO-EHSS
2. Photocopy the transfer permit of cadaver, bones and ashes official receipt, then proceed back to the City Health office –	2. Receive the photocopy of official receipt and requirements. Indicate that the official receipt has been utilized.	None	2 minutes	Staff CHO-EHSS
Environmental Health and Sanitation Service Office. Present the original official receipt, submit the photocopy of the official receipt, and the photocopies of the required documents. Receive the Transfer Permit of Cadaver, Bones and Ashes.	2.1 Assist the client in signing the received Transfer Permit of Cadaver, Bones and Ashes.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	PHP 200.00	9 Minutes	



5. Exhumation Permit

The exhumation permit is issued as a prerequisite for exhumation/removal of remains from place of interment. The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum orders, ordinances, and policies.

Office or	City Health Office –	Environment	al Health and San	itation Service		
Division:	ony riculti office					
Classification:	Simple					
Type of	G2C- Government to Citizen					
Transaction:						
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of					
who may avail.	the deceased only					
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE			
1. Death Certificate (registered or not),		Medical facility or hospital where the deceased				
duly signed by the attending physician		passed away or Funeral parlor and local health				
from the point of original	from the point of origin (1 original, 1		office if the deceased did not die in a medical			
photocopy)		facility.				
2. Certificate of Trai	nsfer or Transfer	Health Offic	e of the Local Gov	ernment Unit		
Permit of Cadaver,	Bones, or Ashes	where the remains were transferred from				
issued by the Health Office from the		······································				
point of origin if the						
transferred from another city or						
municipality (1 origi						
3. Authorization Let	3. Authorization Letter to Process		Authorizing party/data subject and authorized			
Exhumation Permit	signed by the	representative				
principal requestor,	with an attached					
copy of their valid I	copy of their valid ID (showing					
signature)						
4. Notarized Barance	4. Notarized Barangay Affidavit of		Prepared by the affiant (claimant) and notarized			
Kinship or Baranga	Certificate of	by a lawyer or notary public.				
Guardianship statin	g that no other					
known relatives are	available to					
process the necess	ary documents, if					
no available docum	ents are presented					
to prove the client's	relationship to the					
deceased (1 original, 1 photocopy)						
5. Valid I.D. for verification (1 original		Authorizing party and authorized representative				
copy)						
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Fill out and	1. Receive and	PHP	5 minutes	Staff		
submit the	validate the	200.00		CHO-EHSS		
application form.	application form					
Present the	and submitted					
required	requirements.					
documents. Once	Incomplete or					
approved, receive	invalid documents					



the order of payment for exhumation permit, proceed to the treasury office/cashier, and pay the fee.	will be returned. Issue an order of payment if the submitted document is validated.			
2. Photocopy the Exhumation Permit Official Receipt, then proceed back to the City Health Office – Environmental	2. Receive the photocopy of official receipt and requirements. Indicate that the Official Receipt has been utilized.	None	2 minutes	<i>Staff</i> CHO-EHSS
Health and Sanitation Service Office. Present the original Official Receipt, submit the photocopy of the Official Receipt, and the photocopies of the required documents. Receive the Exhumation Permit.	2.1 Assist the client in signing and recording the received Exhumation Permit.	None	2 minutes	<i>Staff</i> CHO-EHSS
	TOTAL:	Php 200.00	9 Minutes	



6. Burial Permit

The burial permit is issued as a prerequisite for the burial of remains in burial grounds within the City of San Pedro. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Office or	City Health Office –	Environmental Health and Sanitation Service			
Division:					
Classification:	Simple				
Type of	G2C- Government to Citizen				
Transaction:					
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of				
	-	e deceased only, and/or the family of the deceased			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
1. Death Certificate (registered or not), duly signed by the attending physician		Medical facility or hospital where the deceased passed away or Funeral parlor and local health			
from the point of ori		office if the deceased did not die in a medical			
deaths or Registere		facility			
for reinternment 3 to					
date of death (1 orig	•				
photocopy)	Jinai 00py, 1				
2. Burial Ground Co	ontract or Receipt (1	Public Cemetery or Private Cemetery			
original copy, 1 pho					
3. Certificate of Trai		Health Office of the Local Government Unit			
Permit of Cadaver,		where the remains was transferred from			
issued by the Healt					
point of origin if the					
transferred from and					
municipality (1 origi	•				
photocopy)					
4. Authorization Let	ter to Process	Authorizing party/data subject and authorized			
Burial Permit signed	d by the principal	representative			
requestor, with an a	ttached copy of				
their valid I.D. (show	ving signature) and				
a copy of the valid I	.D. of the				
authorized represer	ntative (1 original				
copy, 1 photocopy)					
5. Notarized Barang		Prepared by the affiant (claimant) and notarized			
Kinship or Baranga	y Certificate of	by a lawyer or notary public			
Guardianship statin	g that no other				
known relatives are	available to				
process the necess	ary documents, if				
no available docum	ents are presented				
to prove the client's					
deceased (1 origina	ll copy, 1				
photocopy)					
6. Valid I.D. for iden	tification (1 original	Authorizing party and authorized representative			
сору)					



	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Fill out and submit the application form. Present the required documents. Once approved, receive the order of payment for burial permit, proceed to the treasury office/cashier, and pay the fee.	1. Receive and validate the application form and submitted requirements. Incomplete or invalid documents will be returned. Issue an order of payment if the submitted document is validated.	PHP 200.00	5 minutes	Staff CHO-EHSS
2. Photocopy the Burial Permit Official Receipt, then proceed back to the City Health Office – Environmental Health and	2. Receive the photocopy of official receipt and requirements. Indicate that the Official Receipt has been utilized.	None	2 minutes	Staff CHO-EHSS
Sanitation Service Office. Present the original Official Receipt, submit the photocopy of the Official Receipt, and the photocopies of the required documents. Receive the Burial Permit. The Official Receipt serves as the Burial Permit.	2.1 Assist the client in signing and recording the received Exhumation Permit.	None	2 minutes	<i>Staff</i> CHO-EHSS
	TOTAL:	Php 200.00	9 Minutes	