



# Bureau of Corrections

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## CERTIFICATE OF DISCHARGE FROM PRISON FORM

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### CERTIFICATE OF DISCHARGE FROM PRISON

NEW BILIBID PRISON, MUNTINLUPA CITY \_\_\_\_\_, 20\_\_\_\_

PRISONER'S NAME \_\_\_\_\_

PRISON NO. \_\_\_\_\_ CLASS \_\_\_\_\_

WHO WAS SENTENCED ON \_\_\_\_\_

BY THE \_\_\_\_\_

TO \_\_\_\_\_

FOR \_\_\_\_\_

IS RELEASED FROM CONFINEMENT THIS DATE, HE HAVING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the **DIRECTOR OF CORRECTIONS:**

No. \_\_\_\_\_

\_\_\_\_\_  
**Superintendent**