



Bureau of Corrections

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CERTIFICATE OF ACTUAL DEPARTURE FORM

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CERTIFICATE OF ACTUAL DEPARTURE

NEW BILIBID PRISON, MUNTINLUPA CITY _____, 20____

PRISONER'S NAME _____

PRISON NO. _____

WHO WAS SENTENCED ON _____

BY THE _____

TO _____

FOR _____

DATE OF ACTUAL RELEASED _____

TIME OF ACTUAL RELEASED _____

PLACE OF ACTUAL RELEASED _____

Releasing Officer

CONFORMED:

PDL Name & Signature