



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120258602426**
 Member Category : FORMAL ECONOMY
 Sub-Category : PRIVATE
 NHTS Coverage :
 Effectivity Period :

LAURON, KIM FENNICK

95 JUAN LUNA AVENUE, KASAMBAGAN,
 CEBU CITY, CEBU 6000

Foreign Address : N/A
 Sex : Male
 Date of Birth : 03/03/1994
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A
 (Local) :
 Civil Status : SINGLE
 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POCN)
 Name of Employer/Organized Group
 Business Address
 Telephone Number
 Tax Identification Number

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

EDWIN M. ORITA, MD
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Phil Health # - 120258602426

Government-issued ID and a separate photo of your
Government-issued ID



358623359000
Kim fernick
None
Lauron
03/03 /1994
Mandaue barangay tingub
Single

We confirm that the TIN 358-623-359-000 you provided is valid and registered under your name with RDG code 081. For other inquiries, you may visit our website at www.bir.gov.ph to keep track of revenue issuances relative to your concerns, or you may opt to give us a call at this number (+632) 8538-3200.

TIN Verified

Type Message

TIN # - 358623359000



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 34-8823287-9 ✓
LAURON, KIM FENNICK
Birthdate: 03/03/1994



34-8823287-9 LAURON, KIM FENNICK

SSS # - 3488232879



Form No. 102
1994

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or appropriate)

File as accompanied in duplicate
112

PROVINCE Cebu
CITY/MUNICIPALITY Cebu City LOCAL CIVIL REGISTRY NO. 94-4831

1. NAME (First Middle Last)
KIM FERRICK

2. SEX (Place 'X' on appropriate answer)
1. Male 2. Female DATE OF BIRTH Day Month Year
LAUREN **03** **MARCH** **1994**

4. PLACE OF BIRTH (Name of hospital/clinic, if not in established birth place direct/paragon)
CERVO CITY MEDICAL CENTER (City/Municipality) **CERVO** (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
1. Single 2. Twin 3. Three or more 5b. MULTIPLE BIRTH CHILD NO. **CERVO**

6. MOTHER (First Middle Last) 7. NATIONALITY 8. REGION
ANGELIE VELAZA 1. **FILIPINO** 2. **Other, list** 3. **Other, list**

9. NAME (First Middle Last) 10. NATIONALITY 11. REGION
N.A. 1. **FILIPINO** 2. **Other, list** 3. **Other, list**

12. DATE AND PLACE OF MARRIAGE OF PARENTS
Date **N.A.** Place **N.A.**

13. CERTIFICATE OF ATTENDANT OF BIRTH (Name of birth attendant who attended the birth of the child was born alive at [11/1] (Specify in [1], [2], or [3] on the date stated above)
Signature **Lucille Casas** Address **CERVO CITY MEDICAL CENTER**
Name in print **LUCILLE CASAS** City **CERVO CITY**
Title or position **M.D.** Date **MARCH 03, 1994**

14. INFORMANT (Signature Name in print Relationship to child)
ANGELIE LAUREN **ANGELIE LAUREN** **MOTHER**
Address **20-25 P. DEL ROSARIO BLDG.** City **CERVO CITY**
Date **MARCH 03, 1994**

15a. PREPARED BY (Signature Name in print Title or position Date)
FLORDELIZA W. CALIBSON **RM SEN** **MARCH 03, 1994**

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR (Signature Name in print Title or position Date)
MUA A. PUNZO **CLERK III** **MAR 03 1994**

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT (Date when information was supplied)

940491
632394
22178
01 3722
01
01
26
24
RESERVE ON HANDING

1240

PROVINCE Cebu Local Civil Registry
CITY/MUNICIPALITY Cebu City Registration Office

17. Weight of Birth (In grams) **3722**

18. Birth Order or Child (Or first, second, etc.) **1st**

19a. Total Number of Children Born (Age) **1** b. How many children are now living (including this birth) **1** c. How many children were born alive but are now dead? **0**

20. Usual Residence (City/Municipality) (Province)
BRUSEWIFE **CERVO CITY** **CERVO**

21. Age at the time of the birth **21**

22. Usual Occupation (Employer) (City/Municipality) (Province)
20-25 P. DEL ROSARIO BLDG., CERVO CITY **CERVO**

23. Usual Occupation **N.A.** 24. Age at the time of the birth **N.A.**

25. Attendants at Birth (Place 'X' on appropriate answer)
1. Physician 2. Nurse 3. Midwife 4. Other

NSO


Republic of the Philippines
Department of Justice
National Bureau of Investigation

22078282



BIOMATRIAL





Date Printed: Tuesday, 22 June 2021 09:39 AM
 Agency: Caballeria
 CASID: BIOD
 O.P. No. REC
 Q.R. Date: 06/22/2021 9:31:59 AM
 OST PAID:



ERIC B. DISTOR
 Officer-in-Charge

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

SUB ID NO. L650CKK49-1S906962	VALID UNTIL June 22, 2022
FAMILY NAME LAURON <small>(Without Name)</small>	SPOUSE NAME KIM FENNICK <small>Husband's Surname</small>
ADDRESS CORTES COMPOUND TINGUB MANDAUE CITY CEBU	PLACE OF BIRTH CEBU CITY
DATE OF BIRTH March 03, 1994	CIVIL STATUS SINGLE
CITIZENSHIP FILIPINO	GENDER MALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE


 L650CKK49-1S906962

NBI Clearance