

OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. 2022-04630  
 City/Municipality MANDAUE CITY

**CHILD**  
 1. NAME (First) (Middle) (Last)  
ZACH GEIBRIL PUTOL MONDEJAR  
 2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
26 JUNE 2022  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO MANDAUE CITY CEBU  
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2200 grams

**MOTHER**  
 7. MAIDEN NAME (First) (Middle) (Last)  
ALLEAH MEA MOREÑO PUTOL  
 8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC  
 10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEKEEPER, OWN HOME 12. AGE at the time of this birth (completed years) 23  
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
UPPER PAGSABUNGAN MANDAUE CITY CEBU PHILIPPINES

**FATHER**  
 14. NAME (First) (Middle) (Last)  
ALMER ARALQUEZ MONDEJAR  
 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION LINE TECHNICIAN 18. AGE at the time of this birth (completed years) 22  
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
PUROK TAMBIS, UMAPAD MANDAUE CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
 20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country)  
NOT APPLICABLE



21a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)  
 I hereby certify that I attended the birth of the child who was born alive at 07:50 PM am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU  
 Name in Print MARGIEYL A. CAPA, MD  
 Title or Position MEDICAL OFFICER IV Date JUNE 27, 2022

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature \_\_\_\_\_ 23. PREPARED BY  
 Name in Print ALLEAH MEA M. PUTOL Signature \_\_\_\_\_  
 Relationship to the Child MOTHER Name in Print CHINCHELLA MAE REBUENO  
 Address UPPER PAGSABUNGAN, MANDAUE CITY, CEBU Title or Position HEALTH INFORMATION MGT. AIDE  
 Date JUNE 27, 2022 Date JUNE 27, 2022

24. RECEIVED BY  
 Signature \_\_\_\_\_ 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Name in Print Jarey B. Zeniza Signature \_\_\_\_\_  
 Title or Position Office Aids Name in Print THELMA C. CRISOLOG  
 Date JUL 21 2022 Title or Position CITY CIVIL REGISTRAR  
 Date JUL 21 2022

REMARKS/ANNOTATIONS (For LCRO/OCRO Use Only)  
  


TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
 8 9 11 13 15 16 17 19  
 0 1 0 8 0 2 1 6 0 8 0 2 2 3 0 0 1 0 8 3 1 1 6 0 8 0 2 2 3 0

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**  
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, ALMER ARALQUEZ MONDEJAR and ALLEAH MEA MOREÑO PUTOL, who was of legal age, am/are the natural mother and/or father of ZACH GEIBRIL PUTOL MONDEJAR, born on JUNE 26, 2022 at MANDAUE CITY, CEBU.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child.

ALMER ARALQUEZ MONDEJAR  
 (Signature Over Printed Name of Father)

ALLEAH MEA MOREÑO PUTOL  
 (Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this JUL 21 2022 day of \_\_\_\_\_, \_\_\_\_\_ by ALMER ARALQUEZ MONDEJAR and ALLEAH MEA MOREÑO PUTOL, who exhibited to me his/her CTC/valid ID CEBU PIN: 12-251616963-8 / DRIVER'S LICENSE: N02-21-001090 issued on \_\_\_\_\_ at \_\_\_\_\_

RUSSELL D. BUSICO  
**ASST. CITY PROSECUTOR**  
 MANDAUE CITY  
 Signature of the Administering Officer

Position / Title / Designation

Name in Print Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, \_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
  - my birth in \_\_\_\_\_ on \_\_\_\_\_.
  - the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_.
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_.
- That I am/he/she is a citizen of \_\_\_\_\_.
- That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is \_\_\_\_\_.
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_.
- (For the applicant only) That I am married to \_\_\_\_\_.  
 (If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_, Philippines. at \_\_\_\_\_

(Signature Over Printed Name of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines, affiant who exhibited to me his/her CTC/valid ID \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Administering Officer

Position / Title / Designation

Address

Name in Print

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province **CEBU** Registry No. **2022-04630**  
City/Municipality **MANDAUE CITY**

**CHILD**  
1. NAME (First) (Middle) (Last)  
**ZACH GEIBRIL PUTOL MONDEJAR**  
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**26 JUNE 2022**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO MANDAUE CITY CEBU**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2200** grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
**ALLEAH MEA MOREÑO PUTOL**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEKEEPER, OWN HOME** 12. AGE at the time of this birth (completed years) **23**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**UPPER PAGSABUNGAN MANDAUE CITY CEBU PHILIPPINES**

**FATHER**  
14. NAME (First) (Middle) (Last)  
**ALMER ARALQUEZ MONDEJAR**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **LINE TECHNICIAN** 18. AGE at the time of this birth (completed years) **22**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**PUROK TAMBIS, UMAPAD MANDAUE CITY CEBU PHILIPPINES**

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT APPLICABLE**

21a. ATTENDANT

1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **07:50 PM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU**  
Name in Print **MARGIEYL A. CAPA, MD**  
Title or Position **MEDICAL OFFICER IV** Date **JUNE 27, 2022**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature \_\_\_\_\_  
Name in Print **ALLEAH MEA M. PUTOL**  
Relationship to the Child **MOTHER**  
Address **UPPER PAGSABUNGAN, MANDAUE CITY, CEBU**  
Date **JUNE 27, 2022**

23. PREPARED BY

Signature \_\_\_\_\_  
Name in Print **CHINCHELLA MAE REBUENO**  
Title or Position **HEALTH INFORMATION MGT. AIDE**  
Date **JUNE 27, 2022**

24. RECEIVED BY

Signature \_\_\_\_\_  
Name in Print **Jarey B. Ceriza**  
Title or Position **Office Aide**  
Date \_\_\_\_\_

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature \_\_\_\_\_  
Name in Print **HELMIA C. CRISOLOGO**  
Title or Position **CITY CIVIL REGISTRAR**  
Date **JUL 21 2022**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



**A CERTIFIED TRUE COPY**  
**FOR AND IN BEHALF OF THE CITY CIVIL REGISTRAR**

**ARMAND A. GARCIA**  
ADMINISTRATIVE AIDE IV

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 15 16 17 19  
0 1 0 8 0 2 1 6 0 8 0 2 2 0 0 1 0 9 2 1 6 0 9 0 2 2 0

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, ALMER ARALQUEZ MONDEJAR and ALLEAH MEA MOREÑO PUTOL,  
of legal age, am/are the natural mother and/or father of ZACH GEIBRIL PUTOL MONDEJAR, who was  
born on JUNE 26, 2022 at MANDAUE CITY, CEBU.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

Almer Aralquez Mondejar  
ALMER ARALQUEZ MONDEJAR  
(Signature Over Printed Name of Father)

Alleah Mea Moreno Putol  
ALLEAH MEA MOREÑO PUTOL  
(Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this 21 day of JUNE, 2022 by  
ALMER ARALQUEZ MONDEJAR and ALLEAH MEA MOREÑO PUTOL, who exhibited to me his/her  
CTC/valid ID MANDAUE CITY PIN: 12-251616963-8 / DRIVER'S LICENSE: N02-21-001490 issued on \_\_\_\_\_ at  
CEBU

Russell D. Busico  
RUSSELL D. BUSICO  
ASSY. CITY PROSECUTOR  
MANDAUE CITY  
Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

\_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with  
residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

my birth in \_\_\_\_\_ on \_\_\_\_\_  
 the birth of \_\_\_\_\_ who was born in \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_.

2. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_

3. That I am/he/she is a citizen of \_\_\_\_\_.

4. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_

not married but I/he/she was acknowledged/not acknowledged by my/his/her  
father whose name is \_\_\_\_\_.

5. That the reason for the delay in registering my/his/her birth was \_\_\_\_\_.

6. (For the applicant only) That I am married to \_\_\_\_\_.

(If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines.

(Signature Over Printed Name of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_, Philippines, affiant who exhibited to me his/her CTC/valid ID  
issued on \_\_\_\_\_ at \_\_\_\_\_.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address