



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



35251669

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.

NBI ID NO  
R362CCMN09-IS1419386

FAMILY NAME  
RODRIGUEZ

MIDDLE NAME  
LOZANO

ADDRESS  
ML QUEZON ST MAGUIKAY MANDAUE CITY CEBU

DATE OF BIRTH  
March 13, 1990

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
July 06, 2024

FIRST NAME  
CHUCHIN

HUSBAND'S SURNAME

PLACE OF BIRTH  
CEBU CITY

CIVIL STATUS  
SINGLE

GENDER  
FEMALE



SIGNATURE

*[Handwritten Signature]*

**PERSONAL COPY**



R362CCMN09-IS1419386

19 Medardo de Lemos  
ATTY. MEDARDO G. DE LEMOS  
Director

Date Printed: Thursday, 6 July 2023 02:00 PM

|           |                       |       |               |
|-----------|-----------------------|-------|---------------|
| Agency    | IS                    | DATID | villanuevaggp |
| CASID     | villanuevaggp         | BIOID | villanuevaggp |
| O.R. No.  | MP4LCMTIVG            | RECID |               |
| O.R. Date | 07/06/2023 1:56:02 PM | INTID |               |
| DST PAID  |                       | PRTID | villanuevaggp |



Municipal Form No. 102

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Cebu  
CITY/MUNICIPALITY Cebu City

LOCAL CIVIL REGISTRY NO. 90-1061

1. NAME (First) (Middle) (Last)  
Chuchin Lozano Rodriguez

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)  
1 Male X 2 Female 13 March 1990

4. PLACE OF (Name of Hospital/Institution: if not in/hospital, give street/barangay) (City/Municipality) (Province)  
Southern Islands Medical Center Cebu City

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS  
X 1 Single     2 Twin     3 Three or more.     1 First     2 Second     3 Third, 4th, etc.

6. MAIDEN (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
NAME Alona Doña Lozano Fil. N.O.

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
Alan Orevillo Rodriguez Fil. R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)  
May 16, 1988 Consolacion Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH 7:40a.m.  
I hereby certify that I attended the birth of the child who was born alive at     o'clock a.m./p.m. on the date stated above.

Signature [Signature]  
Name in print Gina Napisa, M.D.  
Title or position Resident Physician

Address Southern Islands Medical Center  
Cebu City  
Date March 13, 1990

14. INFORMANT  
Signature [Signature]  
Name in print Alona Rodriguez  
Relationship to child mother

Address Pulpogan Consolacion Cebu  
Date March 13, 1990

15a. PREPARED BY  
Signature [Signature]  
Name in print March 13, 1990  
Title or position      
to March 13, 1990

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature]  
Name in print      
Title or position      
Date 3/13/90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 1440

02981-CE-400MPD-00225-BI016

BEST POSSIBLE IMAGE



T400029814000022502292008016

BReN  
02217-A90FD0P-8

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, CHUCHIN LOZANO RODRIGUEZ and ROMEO JOSEPH PONTEMAYOR SINGSON JR.  
of legal age, am/are the natural mother and/or father of AARON BLAKE RODRIGUEZ SINGSON, who was  
born on MARCH 30, 2020 at UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE CITY

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

ROMEO JOSEPH PONTEMAYOR SINGSON JR.  
(Signature Over Printed Name of Father)

CHUCHIN LOZANO RODRIGUEZ  
(Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this APR 27 2020 day of \_\_\_\_\_ by  
ROMEO JOSEPH PONTEMAYOR SINGSON JR. and CHUCHIN LOZANO RODRIGUEZ, who exhibited to me his/her  
CTC/valid ID UMID ID 0111-2841380-B #/UMID ID #: 0111-0769766-1 issued on \_\_\_\_\_ at  
PHILIPPINES

Doc. No. 145  
Page No. 27  
Book No. 11  
Series of 1000  
Signature of the Administering Officer  
Name in Print \_\_\_\_\_

ATTY. EMEZER V. CABRERA  
Notary Public - U.I.D. No. 01-2021  
Residential Commission No. 001-2020  
Mandated by and in accordance with the  
Constitution, Executive Order No. 280  
Elliman Tower, Centro, Mandaluyong City  
PTR No. 0012081 / Mandaluyong City / 01-02-20  
IBF No. 0010017 / Mandaluyong City / 01-2019  
Roll No. 38788 / MCLE Comp. No. VI-0021657  
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

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BReN  
02230-B20EW08-9

Documentary  
Stamp Tax Paid

*CSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Municipal Form No. 102  
Revised August 2016)

(To be filled in quadruplicate using black ink)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. 2020-03428  
City/Municipality MANDAUE CITY

**CHILD**  
1. NAME (First) AARON BLAKE (Middle) RODRIGUEZ (Last) SINGSON  
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 30 (Month) MARCH (Year) 2020  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) UNIVERSITY OF CEBU MEDICAL CENTER, MANDAUE CITY (City/Municipality) CEBU (Province)  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3,000 grams

**MOTHER**  
7. MAIDEN NAME (First) CHUCHIN (Middle) LOZANO (Last) RODRIGUEZ  
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 SERVICE ADMIN 12. AGE at the time of this birth (completed years) 30  
13. RESIDENCE (House No., St., Barangay) NATIONAL ROAD CORAZON (City/Municipality) CATMON (Province) CEBU (Country) PHILIPPINES

**FATHER**  
14. NAME (First) ROMEO JOSEPH JR. (Middle) PONTEMAYOR (Last) SINGSON  
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION PRODUCTION SPECIALIST 18. AGE at the time of this birth (completed years) 32  
19. RESIDENCE (House No., St., Barangay) HOLY FAMILY ST. SAN JOSE (City/Municipality) CATMON (Province) CEBU (Country) 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 07:58 AM am/pm on the date of birth specified above.  
Signature Virginia V. Villegas Address C/O UNIVERSITY OF CEBU MEDICAL CENTER  
Name in Print VIRGINIA V. VILLEGAS, MD MANDAUE CITY, CEBU  
Title or Position ATTENDING PHYSICIAN Date MARCH 30, 2020

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 CHUCHIN LOZANO RODRIGUEZ  
Relationship to the Child MOTHER  
Address NATIONAL ROAD CORAZON, CATMON, CEBU  
Date MARCH 30, 2020

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print ANGELIE A. YEE  
Title or Position MEDICAL RECORDS STAFF  
Date MARCH 30, 2020

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print GISELLE L. BOUGHIC  
Title or Position ADM. AIDE III  
Date APR 28 2020

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print THELMA C. CRISOLOG  
Title or Position CITY CIVIL REGISTRAR  
Date APR 28 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
8 9 11 13 15 16 17 19

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BReN  
02230-B20EW08-9

Documentary  
Stamp Tax Paid

*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



# COLEGIO DE SAN ANTONIO DE PADUA

Office of the Registrar  
Ramon M. Durano Foundation Compound,  
Guinsay, Danao City, Philippines 6004  
Telefax (032) 200-5388



## OFFICIAL TRANSCRIPT OF RECORDS

Last Name  
**RODRIGUEZ**

First Name  
**CHUCHIN**

Middle Name  
**LOZANO**

### PERSONAL DATA

### PRELIMINARY EDUCATION

#### ELEMENTARY COURSE COMPLETED

| GRADE   | NAME OF SCHOOL                     | SCHOOL YEAR |
|---------|------------------------------------|-------------|
| Primary | : Can-ibuang Primary School        | 1999 - 2000 |
| Interm  | : Catmon Central Elementary School | 2001 - 2002 |

#### HIGH SCHOOL COURSE COMPLETED

| YEAR   | NAME OF SCHOOL                           | SCHOOL YEAR |
|--------|--|-------------|
| First  | : Gabriel Jurado Foundation School, Inc. | 2002 - 2003 |
| Second | : Gabriel Jurado Foundation School, Inc. | 2003 - 2004 |
| Third  | : Gabriel Jurado Foundation School, Inc. | 2004 - 2005 |
| Fourth | : Gabriel Jurado Foundation School, Inc. | 2005 - 2006 |

#### ENTRANCE DATA TO COLLEGE

F 138, F-137A

Sex: Female  
Civil Status: Single  
Citizenship: Filipino  
Date of Birth: March 13, 1990  
Place of Birth: Cebu City  
Religion: Roman Catholic  
Parent / Spouse: Mr. & Mrs. Nemesio O. Rodriguez  
Address: Corazon, Catmon, Cebu  
If Alien, ACR No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

### GRADING SYSTEM:

| GRADE     | EQUIVALENT   | INDICATION |
|-----------|--------------|------------|
| 1.0       | A+ 100 - 95% | Excellent  |
| 1.1 - 1.5 | A 94 - 90%   | Superior   |
| 1.6 - 2.0 | A- 89 - 85%  | Very Good  |
| 2.1 - 2.5 | B+ 84 - 80%  | Good       |
| 2.6 - 2.9 | B- 79 - 76%  | Fair       |
| 3.0       | C 75%        | Passed     |
| 5.0       | C- 74%       | Failed     |
| W         |              | Withdrawn  |
| DR        |              | Dropped    |
| INC       |              | Incomplete |

One unit of credit is one hour lecture or recitation and two and a half to three hours of laboratory or three hours of drafting is equivalent to one hour recitation or lecture.

not valid without  
official CSA seal

NICOMEDES M. POSADAS JR.  
College Registrar

# COLEGIO DE SAN ANTONIO DE PADUA

Office of the Registrar  
 Ramon M. Durano Foundation Compound,  
 Guinsay, Danao City, Philippines 6004  
 Telefax (032) 200-5388



## OFFICIAL TRANSCRIPT OF RECORDS

Page 1 of 2

| Last Name                                   | First Name                                      | Middle Name   |       |         |  |
|---|---|---------------|-------|---------|--|
| <b>RODRIGUEZ</b>                            | <b>CHUCHIN</b>                                  | <b>LOZANO</b> |       |         |  |
| COURSE NO.                                  | DESCRIPTIVE TITLE                               | FINAL         | RE-EX | CREDITS |  |
| <b>ADCS 1</b>                               |   |               |       |         |  |
| <b>1ST SEMESTER 2006 - 2007</b>             |   |               |       |         |  |
| CS 11                                       | Introduction to Computers                       | 1.4           |       | 3       |  |
| CS 12                                       | Principles of Program Design & System Analysis  | 1.4           |       | 3       |  |
| CS 13                                       | Mathematics for Computing                       | 2.1           |       | 3       |  |
| ST 101                                      | Computer Literacy                               | 1.6           |       | 3       |  |
| Engl 1                                      | Study & Thinking Skills                         | 1.6           |       | 3       |  |
| Math 1                                      | Algebra 1                                       | 2.4           |       | 3       |  |
| PE 1  | Gymnastics                                      | 1.4           |       | 2       |  |
| NSTP 1                                      | National Service Training Program 1             | 1.2           |       | 3       |  |
| <b>ADCS 1</b>                               |   |               |       |         |  |
| <b>2ND SEMESTER 2006 - 2007</b>             |   |               |       |         |  |
| CS 14                                       | Fundamentals of HTML, Javascript & Java Applets | 1.2           |       | 3       |  |
| CS 15                                       | Project C Programming                           | 2.7           |       | 3       |  |
| CS 16                                       | Structured Query Language                       | 2.5           |       | 3       |  |
| CS 17                                       | Basic Multimedia                                | 1.5           |       | 3       |  |
| Engl 2                                      | Writing in the Discipline                       | 1.2           |       | 3       |  |
| PE 2  | Rhythmic Activities                             | 1.1           |       | 2       |  |
| VE 111                                      | Professional Ethics & Values Education          | 1.3           |       | 3       |  |
| NSTP 2                                      | National Service Training Program 2             | 1.1           |       | 3       |  |
| <b>ADCS 2</b>                               |   |               |       |         |  |
| <b>1ST SEMESTER 2007 - 2008</b>             |   |               |       |         |  |
| CS 18                                       | Developing a Website Using Macromedia           | 1.7           |       | 3       |  |
| CS 19                                       | Systems Analysis & Design                       | 1.6           |       | 3       |  |
| CS 20                                       | Computer Architecture & Data Communication      | 1.4           |       | 3       |  |
| CS 21                                       | Software Engineering                            | 1.4           |       | 3       |  |
| CS 22                                       | Java Application Programming                    | 1.9           |       | 3       |  |
| CS 23                                       | C Programming                                   | 1.8           |       | 3       |  |
| CS 26                                       | Information Management                          | 1.7           |       | 3       |  |
| <b>ADCS 2</b>                               |   |               |       |         |  |
| <b>2ND SEMESTER 2007 - 2008</b>             |   |               |       |         |  |
| CS 25                                       | Discreet Math                                   | 1.4           |       | 3       |  |
| CS 27                                       | Project System Development                      | 1.9           |       | 3       |  |
| CS 28                                       | Advance Java Programming                        | 1.5           |       | 3       |  |
| CS 29                                       | Interactive Multimedia                          | 2.0           |       | 3       |  |
| CS 30                                       | World Wide Web Fundamentals                     | 1.2           |       | 3       |  |
| OJT   | On-the-Job Training                             | 2.2           |       | 3       |  |
| *****nothing follows*****                   |   |               |       |         |  |
| <b>GRADUATED:</b>                           |   |               |       |         |  |
| <b>ADVANCED DIPLOMA IN COMPUTER STUDIES</b> |   |               |       |         |  |
| <b>April 11, 2008</b>                       |   |               |       |         |  |
| *****TRANSCRIPT CLOSED*****                 |   |               |       |         |  |

Remarks: For Employment

Date Issued: April 29, 2008

Checked by: *Bren*  
**BRENDA A. SANAO**

not valid without

*Nicomedes M. Posadas, Jr.*  
**NICOMEDES M. POSADAS, JR.**