

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

Province **CEBU** Registry No. **2021-0033**
City/Municipality **LAPU-LAPU CITY**

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1. NAME (First) **NARRY ANTHONETTE** (Middle) **CORDERO** (Last) **OMPAD**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **11** (Month) **DECEMBER** (Year) **2020**
4. PLACE OF BIRTH (Name of Hospital, Clinic, or Institution) **STA. ROSA COMMUNITY HOSPITAL** (City/Municipality) **LAPU-LAPU CITY** (Province) **CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (First, Second, Third, etc.) **THIRD** 6. WEIGHT AT BIRTH **3585** grams

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7. MAIDEN NAME (First) **DIENNE HOPE** (Middle) **AREIGA** (Last) **CORDERO**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **PROTESTANT**
10a. Total number of children born alive **3** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **1** 11. OCCUPATION **HOUSEWIFE** 12. AGE at the time of this birth (Completed years) **26**
13. RESIDENCE (House No. & Barangay) **BARING** (City/Municipality) **LAPU-LAPU CITY** (Province) **CEBU** (Country) **PHILIPPINES**

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14. NAME (First) **MARCK ANTONIE** (Middle) **DAÑO** (Last) **OMPAD**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (Completed years) **29**
19. RESIDENCE (House No. & Barangay) **BARING** (City/Municipality) **LAPU-LAPU CITY** (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. Heilod (Traditional Birth Attendant) 5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant-Heilod, etc.)
I hereby certify that I attended the birth of the child who was born alive at **4:35 AM** am/pm on the date of birth specified above.

Signature *[Signature]* Address **STA. ROSA COMMUNITY HOSPITAL**
Name in Print **MARCK A. LACENNA M.D.** **LAPU-LAPU CITY**
Title or Position **MEDICAL OFFICER IV** Date **DECEMBER 11, 2020**

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

Signature *[Signature]* Signature *[Signature]*
Name in Print **DIENNE HOPE A. CORDERO** Name in Print **PASLIN E. DOCIL**
Relationship to the Child **MOTHER** Title or Position **ADMINISTRATIVE AIDE I**
Address **BARING LAPU-LAPU CITY** Date **DECEMBER 11, 2020**

24. REGISTERED BY
Signature *[Signature]* Signature *[Signature]*
Name in Print **MANUEL R. PACHAN, JR.** Name in Print **YOLANDA C. PANGATUNGAN**
Title or Position **Assistant Registrar (Male)** Title or Position **Civil Registrar**
Lapu-Lapu City, Cebu **Lapu-Lapu City, Cebu**

Date **JAN 04 2021** Date **JAN 04 2021**

REMARKS/ANNOTATIONS (For LCDRO/CRG Use Only)

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY
(For births before 3 August 1985)

I/We, MARCK ANTONIE D. ONPAD MARIE ANTONETTE COBERO ONPAD
of legal age, residing at _____ and/or father of DIENNE HOPE A. COBERO who was
born on DECEMBER 11, 2020 at St. ROSA COMMUNITY HOSPITAL-LAFU-LAFU 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 DIENNE HOPE A. COBERO
MARCK ANTONIE D. ONPAD DIENNE HOPE A. COBERO
(Signature Over Printed Name of Father) (Signature Over Printed Name of Mother)

MARCK ANTONIE D. ONPAD SUBSCRIBED AND SWORN to before me this DEC 28 2020 by
DIENNE HOPE A. COBERO who exhibited to me his/her
OTHER'S I.D. & PHILHEALTH I.D.
CTC/valid ID LAFU CITY issued on _____ at _____

JEFF GREGORIO A. PACHECO, JR.
NOTARY PUBLIC
UNTIL DECEMBER 31, 2020
PTR NO. 15271970
ROLL OF NOTARIES NO. 53215
MC & COMPLIANCE NO. VI-002175
NOTARIAL COMMISSION NO. 7400

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 _____

AFFIDAVIT TO USE THE SURENAME OF THE FATHER

I, DIENNE HOPE A. CORDERO
Affiant's Name FILIPINO
Citizenship SINGLE
Civil Status 26
Age years old,

a Resident of BARING LALU-LALU CITY after having been duly sworn to in accordance with law, do hereby declare that:

- 1. I am seeking to use the surname OMPAD in
(Surname of the Father)
- a) my Certificate of Live Birth/ Report of Birth, pursuant to R.A. No. 9255 and its Revised IRR.
- b) the Certificate of Live Birth/ Report of Birth of LARRY ANTHONETTE CORDERO OMPAD
(Complete Name of Child)

Who is my DAUGHTER pursuant to R.A. No. 9255 and its Revised IRR.
(Relationship of the Affiant to the Child)

2. I/He/ She was born on DECEMBER 11, 2020
(Date of Birth)

at STA. ROSA COMMUNITY HOSPITAL, LAPU-LAPU CITY CEBU, PHILIPPINES.
(City/Municipality) (Province/ State) (Country)

3. My/ The birth was recorded under Registry No. 2021-0033 on JAN 04 2021 (if applicable).
(Registry Number) (Date Registration)

4. The Affidavit of Admision of Faternity of the Private Handwritten Instrument was recorded under Registry No. N/A on N/A at the Local Civil Registry Office (LCRO)/ Philippine Foreign Service Post (PFSP) of N/A (if applicable).
(Registry Number) (Date Registration) (City/Municipality)(Province/State) (Country)

5. I am filing this AUSF at the LCRO/PFSP of LAPU-LAPU CITY CEBU, PHILIPPINES in accordance with
(City/Municipality) (Province/State) (Country)

R.A. No. 9255 and its Revised Implementing Rules and Regulations.

6. I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

7. In witness where of, I here by affix my signature on this DEC 28 2020 day of 2018 at LAPU-LAPU CITY CEBU, PHILIPPINES.

Diene Hope A. Cordero
DIENNE HOPE A. CORDERO
Signature over Printed Name of Affidavit

SUBSCRIBED AND SWORN to before me this DEC 28 2020 day of 2020 in the City/Municipality of LAPU-LAPU CITY, affiant exhibiting APL 12-051385491-8 issued/ expire _____
Apurduca City Cebu I certify that I personally examined the affiant and that he/she voluntarily executed the forgoing affidavit and understood the contents thereof.

MR. GREGORIO A. MAQUIBOL
NOTARY PUBLIC

Signature Over the Name of the Administering Officer
PTR NO. 7393021/ISS. NO. 15271978
ROLL OF ATTORNEYS NO. 53215
MCIE COMPLIANCE NO. VI-0021759
NOTARIAL COMMISSION NO. 1863

Date 23/12/2020
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