

4545

Naces, Michelle

Ann C

Critical Requirement



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

BF, Golden Peak Tower, Corporate Ave. cor. EDSA, Cebu City 6000

(032) 233 7487 (032) 233 7523 (032) 233 5287 (fax) (032) 233 3288 (032) 233 7871

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **120261455817** PhilSys Number :
 Member Category : **DIRECT CONTRIBUTOR - SELF**
EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : **N/A**
 Validity Period : **N/A**

NACES, MICHELLE ANN CABATUAN

ELLASA, ARGAO, CEBU - 6021

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **10/4/2000**
 Place of Birth : **CEBU CITY, CEBU**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **0960060824** Tax identification Number :

EDUITY INFORMATION

PhilHealth Number (PENPOGN) : **N/A**
 Name of Employer/Organized Group : **NA**
 Business Address : **NA**
 Telephone Number : **N/A** Employment Status : **N/A**
 Tax identification Number : **N/A** Date : **N/A**

DEPENDENT INFORMATION

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

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

*Pasalamat : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa **CS**. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photoscopy to hospital in case of confinement and availing of benefits.]*

This is a system generated report. Signature is not required. Printed At: CEBU CITY - CEBU



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121322627796
REGISTRATION TRACKING NO	923181818087

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE		Please specify	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	NACES	MICHELLE ANN		CABATUAN	<input type="checkbox"/>
FATHER	NACES	BOBBY		POLE	<input type="checkbox"/>
MOTHER (Maiden Name)	CABATUAN	MARY ANN		GALAJURA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NACES	MICHELLE ANN		CABATUAN	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
10/04/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0 00	0 00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/PNP Employee: Senal/Badge No
					For DepEd Employee: Division Code-Station Code

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY • AREA CODE • TELEPHONE NUMBER
Unit/Room No. Floor		Building Name		Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
				CANOHOY	+63 (0960) 3606824
Subdivision			Barangay		Business (Direct Line)
			BULASA		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
ARGAO			CEBU, PHILIPPINES		michellenaces18@gmail.com
ZIP Code					
6021					
PRESENT HOME ADDRESS					
Unit/Room No. Floor		Building Name		Phase No.	
House No.	Street Name		Subdivision		Barangay
	CANOHOY				BULASA
Municipality/City			Province/State/Country		ZIP Code
ARGAO			CEBU, PHILIPPINES		6021
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE

PRESENT EMPLOYMENT DETAILS

OCCUPATION CUSTOMER SERVICE REPRESENTATIVES		EMPLOYMENT STATUS PERMANENT/REGULAR	TYPE OF WORK
EMPLOYER/BUSINESS NAME QUALIFON PHILIPPINES INC		COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS		MONTHLY BASIC Basis	
Unit/Room No. Floor	Building Name SKYRISE 3	Allowance/Others	
Lot No. Block No. Phase No.	House No. Street Name ASIATOWN II PARK	Total Monthly Income	
Subdivision	Barangay APAS	OFFICE ASSIGNMENT	
Municipality/City CEBU CITY	Province CEBU	DATE EMPLOYED JUN 2020	
State/Country (if abroad) PHILIPPINES	ZIP Code 6000		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	FROM TO

HEIRS

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise I hereby authorize Pag-IBIG Fund to collect records, organize, update, modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

Miguel
SIGNATURE OF INFORMANT 02/28/2024
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
<i>[Signature]</i>	02/28/24
Signature over Printed Name	Designation/Position
	Branch/Unit

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MOJ253WV202306023144 (Date/Time Generated: 30 June 2023 10:55:04 PM)

SS NUMBER 05-4512305-3					
NAME					
LAST NAME NACES		FIRST NAME MICHELLE ANN		MIDDLE NAME CABATUAN	
FACTS OF BIRTH					
DATE OF BIRTH (MM/DD/YYYY) 10042000	PLACE OF BIRTH (CITY/TOWN/VILLAGE) CEBU CITY (CAPITAL)	CITY/TOWN/VILLAGE CEBU	COUNTRY PHILIPPINES	SEX FEMALE	
FATHER'S NAME		MOTHER'S MARRIAGE NAME		MIDDLE NAME	
LAST NAME NACES		FIRST NAME BOBBY		MIDDLE NAME POLE	
LAST NAME CABATUAN		FIRST NAME MARY ANN		MIDDLE NAME GALAJRA	
DEMOGRAPHIC DATA					
HOME ADDRESS (SMALL PRINTING & FULL NAME IN HOUSE/LOT NO. & STR. NO.)			CITY/TOWN/VILLAGE		
BULASA			CANOHAY		
CITY/TOWN/VILLAGE BULASA	CITY/TOWN/VILLAGE ARGAO	CITY/TOWN/VILLAGE CEBU	POSTAL CODE 6021	COUNTRY CODE 0963	
CIVIL STATUS SINGLE	HEIGHT (in centimeters) 158	WEIGHT (in kilograms) 50	LAST KNOWN RESID. FEAT. NO. IS	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (area code + no.)		MOBILE NUMBER		E-MAIL ADDRESS	
		(0960) 360-6824		michellenaces18@gmail.com	
DEPENDENTS/BENEFICIARIES					
SPOUSE	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
CHILDREN	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARIES (not without spouse & child and parents are both deceased)					
	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/DURING-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Professional/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof. Business Started				[]	
Monthly Earnings		Monthly Earnings Are you applying for membership in the Fund and Program?		Monthly Income of Working Spouse (P)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; - sharing of these data with SSS service providers to carry out the purposes stated above; and - disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

INSTRUCTIONS

1. Fill out this form by one (1) copy.
2. Complete information are not encouraged. However, if necessary, such will be limited up to two (2) measures/alterations only. Always affix initials on all amendments/alterations of this form.
3. Mark a checkmark on the applicable box.
4. Mark "N/A" or "Not Applicable", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Indicate the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
 Conversion: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
7. List the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following mandatory information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally
 - E-mail address, if applied abroad
 - If card applicant cannot provide the required mobile number/e-mail address, indicate the card applicant's immediate family member's mobile number/e-mail address where SSS can communicate with the card applicant.
9. For all types of card replacement, pay the required fee at any SSS branch office/authorized bank/collecting agent. Write the Special Bank Receipt (SBR) Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required documents and proof of payment to the nearest SSS branch office.
10. For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE

IDENTIFICATION REQUIREMENTS (Present the original)	IDENTIFICATION REQUIREMENTS (Present the original)
A. Primary ID card/document [any one (1) of the following]: <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearms Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (in absence of a primary card). Please specify. <input type="checkbox"/> _____ <input type="checkbox"/> _____	A. For card replacement due to amendment of data/authenticating finger <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment B. For card replacement due to lost SS digitized ID or UMID Card <ul style="list-style-type: none"> <input type="checkbox"/> Duty notarized Affidavit of Loss <input type="checkbox"/> Proof of payment C. For card replacement due to non-receipt of UMID Card <ul style="list-style-type: none"> <input type="checkbox"/> Duty notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> - Collared shirt/blouse is encouraged - Face and neck should be free from hairtags or accessories 	<ul style="list-style-type: none"> - Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

REMNDRS

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or Atok within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be voided thru IMD or SSS hotline. Unclaimed UMID Cards shall be shredded or destroyed.

BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021 (RMC)

For Compensation Payment With or Without Tax Withheld

2018 BIR Form

<p>1. For the Year 2023</p> <p>2. For the Period From January 01 To August 31</p>	
<p>3. Part I - Employee Information</p> <p>4. Employee's Name (Last, First, Middle Name) NACES, MICHELLE ANN CABATUAN</p> <p>5. Registered Address BULAKA CANTON, ANGELO CDR</p> <p>6. Local Office Address</p> <p>7. Date of Birth (MM/DD/YYYY) 10/04/2000</p> <p>8. Content Number 0960360-882</p> <p>9. Regular Minimum Wage rate per day</p> <p>10. Regular Minimum Wage rate per hour</p> <p>11. <input type="checkbox"/> Minimum Wage Exemption (MWE) where compensation is exempt from withholding tax and not subject to income tax</p> <p>12. TIN 244-963-876-0000</p> <p>13. Employer's Name QUALFON PHILIPPINES, INC.</p> <p>14. Registered Address Skyline 3, Qualfon Bldg., IT Park, Aves, Cebu City</p> <p>15. Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16. TIN</p> <p>17. Employer's Name</p> <p>18. Registered Address</p>	
<p>19. Gross Compensation Income from Present Employer (Sum of Items 29 and 30) 107,894.63</p> <p>20. Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 25 and 26) 21,772.22</p> <p>21. Taxable Compensation Income from Present Employer (Sum of Items 29 and 30) (From Item 19) 86,122.41</p> <p>22. Add: Taxable Compensation Income from Previous Employer, if applicable -</p> <p>23. Gross Taxable Compensation Income (Sum of Items 21 and 22) 86,122.41</p> <p>24. Tax Due -</p> <p>25. Amount of Taxes Withheld 25A. Present Employer -</p> <p>25B. Previous Employer, if applicable -</p> <p>26. Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -</p> <p>27. 5% Tax Credit (TCRA, Act of 2018) -</p> <p>28. Total Taxes Withheld (Sum of Items 26 and 27) -</p>	
<p>29. Basic Salary (including the exempt PDS, OTC & leave) in the Statutory Minimum Wage of the year</p> <p>30. Holiday Pay (NWE)</p> <p>31. Overtime Pay (NWE)</p> <p>32. Night Shift Differential (NWE)</p> <p>33. Incentive Pay (NWE)</p> <p>34. 13th Month Pay and Other Benefits (Maximum of P40,000) 11,072.23</p> <p>35. Debit/credit benefits 5,224.99</p> <p>36. SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 5,475.00</p> <p>37. Bonuses and Other Forms of Compensation -</p> <p>38. Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 21,772.22</p>	
<p>39. Basic Salary 65,933.28</p> <p>40. Representation</p> <p>41. Transportation</p> <p>42. Cost of Living Allowance (COLA)</p> <p>43. Fixed Housing Allowance</p> <p>44. Others (specify)</p> <p>44A -</p> <p>44B -</p> <p>45. SUPPLEMENTARY</p> <p>46. Commission</p> <p>47. Profit Sharing</p> <p>48. Fees including Director's Fees</p> <p>49. Taxable 13th Month Benefits -</p> <p>50. Hazard Pay</p> <p>51. Overtime Pay</p> <p>52. Others (specify)</p> <p>52A 20,189.13</p> <p>52B -</p> <p>53. Total Taxable Compensation Income (Sum of Items 39 to 52B) 86,122.41</p>	

I declare, under the penalties of perjury, that the information herein stated and reported under BIR Form No. 2316-C has been filed with the Bureau of Internal Revenue.

53. METH LO TAER
Present Employer's Authorized Agent Signature over Printed Name

54. NACES, MICHELLE ANN C.
Employee Signature over Printed Name

55. METH LO TAER
Present Employer's Authorized Agent Signature over Printed Name (Head of Accounting/Human Resources or Authorized Representative)

56. NACES, MICHELLE ANN C.
Employee Signature over Printed Name

Date Signed: **02/05/2024**

Date Signed: _____

Date Issued: _____

Amount paid, if CTC: _____

NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Non-critical Requirement



Republic of the Philippines

Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines

University Charter: Republic Act No. 8688

Accredited State University: Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACUP)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATION STATEMENT MAY COME

Be it known that

MICHELLE ANN C. NACES

STUDENT IDENTIFICATION NUMBER: 19-000478

*having satisfactorily completed the prescribed Four-year full time Program of Instruction using English as medium,
upon recommendation of the Academic Council of Cebu Normal University, duly confirmed by the Board of Regents,
and by Authority of the Republic of the Philippines,*

is hereby granted the

DEGREE of

BACHELOR OF PUBLIC ADMINISTRATION CUM LAUDE

with all the Rights, Honors, and Privileges thereunto appertaining.

*In testimony whereof the Seal of the Cebu Normal University
and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.*

Given in Cebu City, Philippines this 7th day of June in the year of our Lord two thousand and twenty three.

JASON P. SIBEQUIL, LPT
University Registrar

ALEX Y. NIEMPO, Ph.D.
College Dean

DANIEL A. ARIASO, SR., Ph.D., CESO II
University President

DATE OF ISSUE: AUGUST 16, 2023

SDF-URO-105-013-00



Official Form No. 102
 (Revised January 1993)
 Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly. Use ink or typewriter.
 Place X before the appropriate answer in items 7, 8, 9, 10, and 16.)

REMARKS/ANNOTATION

Province CEBU Registry No. 28330
 City/Municipality CEBU CITY

CHILD
 1. NAME (First) (Middle) (Last)
MICHELLE ANN CABATUAN NACES
 2. SEX 1 Male X 2 Female
 3. DATE OF BIRTH (day) (month) (year)
4 OCTOBER 2000
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU
 5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify
 c. BIRTH ORDER (by births and fetal deaths including this delivery) 2nd
 (first, second, third, etc.) d. WEIGHT AT BIRTH 3340 GRAMS

For OCRG USE ONLY:
 Population Address No.
2017-800V402-9

TO BE FILLED UP AT THE
 OFFICE OF THE CIVIL
 REGISTRAR

MOTHER
 6. MAIDEN NAME (First) (Middle) (Last)
MARY ANN GALAVE CABATUAN
 7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC
 9a. Total number of children born alive: 2
 b. No. of children still living including this birth: 2
 c. No. of children born alive but are now dead: 0
 10. OCCUPATION EMPLOYEE 11. Age at the time of this birth: 26 years
 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
64 E. F. LAMAS ST., CEBU CITY, CEBU

41 80028330

48 7

49 2 50 0910200

56 22778

61 7

62 2 64 3-10

FATHER
 13. NAME (First) (Middle) (Last)
BOBBY POLE NACES
 14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC
 16. OCCUPATION HOME 17. Age at the time of this birth: 26 years

68 7 69 7

70 02 72 02 74 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
DECEMBER 8, 1998 - JAGNA, BOHOL

76 720 78 00

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

81 000000

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 105 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address 8, BACALSO AVENUE, CEBU CITY
 Name in Print DOROTHY V. BACALSO Date OCTOBER 4, 2000
 Title or Position _____

86 7 87 7

20. INFORMANT
 Signature [Signature] Address 64 E. F. LAMAS ST., CEBU CITY
 Name in Print BOBBY POLE Date OCTOBER 4, 2000
 Relationship to the child FATHER

88 20 89 20

21. PREPARED BY
 Signature [Signature]
 Name in Print JUSTINA D. CLAUDIO
 Title or Position NURSE
 Date OCTOBER 4, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print AGNES C. DELA PO
 Title or Position CLERK I
 Date OCT 4 2000

93 7 000280

94 7

07773-CF-400MOQ-00190-BI007
 BEST POSSIBLE IMAGE



BRen
 02217-800V402-9

Documentary
 Stamp Tax Paid

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

