



to all persons to whom these presents shall come

Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the Faculty, has conferred upon


Christine Mae S. Dogon

who has fulfilled all the requirements therefor, the degree of

BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT

with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

In testimony whereof, we have hereto subscribed our names and affixed the seal of the School in Cebu City, Philippines, this 22nd day of March, 2010.


ATTY. AUGUSTO W. GO
President


VICTORIA S. AMADORA
OIC, Dean

PACUCOA ACCREDITED
EXEMPTED FROM S.O.



OFFICIAL TRANSCRIPT OF RECORDS

NAME : DOGON, CHRISTINE MAE S
STUDENT NUMBER : 06993521
SEX : FEMALE
CIVIL STATUS : SINGLE
BIRTH DATE : DECEMBER 17, 1989
BIRTH PLACE : CEBU CITY
NATIONALITY : FILIPINO
RELIGION : CATHOLIC
PARENT/GUARDIAN : LEONIDA DOGON
PERMANENT ADDRESS : PAGADIAN CITY ZAMBOANGA D SUR
DATE ADMITTED : JUNE 05, 2006
COLLEGE OF : HOTEL & RESTAURANT MANAGEMENT
ENTRANCE DATA : F-138



PRELIMINARY EDUCATION

ELEMENTARY : PAGADIAN CITY PILOT SCHOOL YEAR : 2002
HIGH SCHOOL : HOLY CHILD ACADEMY YEAR : 2006
COLLEGE : YEAR :

NCEE PERCENTILE Q YEAR TAKEN EXAMINER NUMBER 000000

GRADING SYSTEM

NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1.0	95-100	1.6	89	2.1	84	2.6	79
1.1	94	1.7	88	2.2	83	2.7	78
1.2	93	1.8	87	2.3	82	2.8	77
1.3	92	1.9	86	2.4	81	2.9	76
1.4	91	2.0	85	2.5	80	3.0	75
1.5	90					5.0	FAILURE

IC, IL, IE = INCOMPLETE W = WITHDRAWN DR = DROPPED NA = NO ATTENDANCE

CREDIT

ONE COLLEGIATE UNIT OF CREDIT IS ONE HOUR LECTURE OR RECITATION EACH WEEK OR A TOTAL OF 18 HOURS IN A SEMESTER. THREE HOURS OF LABORATORY WORK, DRAFTING, OR SHOP WORK EACH WEEK OR A TOTAL OF 54 HOURS A SEMESTER ARE REGARDED AS EQUIVALENT ALSO TO ONE UNIT OF CREDIT.

THE STUDENT IS IN GOOD MORAL STANDING UNLESS OTHERWISE INDICATED ON THE TRANSCRIPT.

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 09/28/2010

ROWENA C. CAÑA

PREPARED BY

OFELIA G. VITUALIA

CHECKED BY

FRANCISCO C. SALES
REGISTRAR

NOT VALID WITHOUT SEAL

OR NO. 11074316

PAGE NO. 1 OF 4



OFFICIAL TRANSCRIPT OF RECORDS

NAME : DOGON, CHRISTINE MAE S

STUDENT NO : 06993521

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>1ST SEMESTER, 2006 - 2007</u>			
<u>AHRM 1</u>	CULINARY ARTS AND SCIENCES, BASIC PRINCIPLES AND TECHNIQUES W/ LAB	1.3	5
HRM 1C	SINING NG PAKIKIPAGTALASTASAN	1.4	3
FIL 1	REMEDIAL INSTRUCTION IN GRAMMAR	1.9	3
ENGL 1H	INTRODUCTION TO THE HOSPITALITY MANAGEMENT	1.8	3
HRM 1D	COMMUNICATION ARTS 1	2.3	3
ENGL 1	MATH PRINCIPLES FOR FOOD SERVICE OCCUPATION	2.5	3
MATH 1A	SELF-TESTING ACTIVITIES	1.4	2
PE 1	CIVIC WELFARE TRAINING SERVICE	2.2	3
CWTS 1	<u>2ND SEMESTER, 2006 - 2007</u>		
<u>AHRM 1</u>	FOOD MICROBIOLOGY	2.0	5
BIO SC 3B	PRIN OF FOOD PREP/SERVICE & NUT	1.5	5
HRM 2A	PHILIPPINE HISTORY, GOVERNMENT AND CONSTITUTION	2.5	3
HIST 1	PAGBASA AT PAGSULAT SA IBA'T IBANG DISIPLINA	2.4	3
FIL 2F	FOOD AND BEVERAGE SERVICE PROCEDURES (WITH LAB)	2.3	3
HRM 17D	COMMUNICATION ARTS 2	1.9	3
ENGL 2	RHYTHMIC ACTIVITIES	1.3	2
PE 2	CIVIC WELFARE TRAINING SERVICE 2	1.0	3
CWTS 2	<u>SUMMER OF 2007</u>		
<u>AHRM 1</u>	PRINCIPLES OF TOURISM 1 (INTRO. TO TOURISM THEORY)	1.7	3
HRM 4B	HOUSEKEEPING PROCEDURES (WITH LAB)	2.4	3
HRM 18A	FUNDAMENTALS OF GAMES & SPORTS (DUAL)	1.7	2
PE 3	<u>1ST SEMESTER, 2007 - 2008</u>		
<u>AHRM 2</u>	FOREIGN LANGUAGE (JAPANESE)	1.0	3
FOR LAN EL	BANQUET, FUNCTION AND CATERING SERVICES PROCEDURES WITH LABORATORY	1.4	5
HRM 13C	SPEECH IMPROVEMENT	1.5	3
ENGL 3	READING COMPREHENSION	2.0	3
ENGL 28A	COMPUTER LITERACY	1.4	3
C SCI 1G	RIZAL'S LIFE, WORKS, & WRITINGS	2.1	3
SOC SC 5	RECREATIONAL ACTIVITIES AND TEAM SPORTS	1.1	2
PE 4			

(MORE ENTRIES NEXT PAGE)

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 09/28/2010

Rowena C. Caña
ROWENA C. CAÑA

PREPARED BY

Ofelia G. Vitualla
OFELIA G. VITUALLA

CHECKED BY

Francisco C. Sales
FRANCISCO C. SALES
REGISTRAR

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PAGE NO. 2 OF 4



OFFICIAL TRANSCRIPT OF RECORDS

NAME : DOGON, CHRISTINE MAE S

STUDENT NO : 06993521

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>AHRM 2</u> <u>2ND SEMESTER, 2007 - 2008</u>			
VALUE 20	PERSONHOOD (ETHICS)	1.6	3
HRM 25	PHILIPPINE TOURISM GEOGRAPHY AND CULTURE	1.8	3
HRM 28	PERSONALITY DEVELOPMENT AND PUBLIC RELATIONS FOR HOSPITALITY SERVICES	2.0	3
HRM 16F	PRACTICUM(400 HOURS) WITH VESSEL IMMERSION	1.6	3
ENGL 24	TECHNICAL REPORT WRITING	1.7	3
C SCI 2J	COMPUTER LITERACY 2	1.6	3
GRADUATED FROM THE TWO-YEAR COURSE IN HOTEL AND RESTAURANT MANAGEMENT WITH THE TITLE OF ASSOCIATE IN HOTEL AND RESTAURANT MANAGEMENT (A.H.R.M.) AS OF MARCH 15, 2008 PACUCOA ACCREDITED EXEMPTED FROM THE ISSUANCE OF SPECIAL ORDER.			
<u>BSHRM 3</u> <u>SUMMER OF 2008</u>			
HRM 7B	HOTEL AND RESTAURANT FACILITIES, DESIGN AND PLANNING MANAGEMENT	1.8	3
HRM 10B	HOSPITALITY AND TOURISM LAW	1.5	3
HRM 19B	FRONT OFFICE PROCEDURES (WITH LAB)	2.0	3
<u>BSHRM 3</u> <u>1ST SEMESTER, 2008 - 2009</u>			
ACCTG 1D	FUNDAMENTALS OF HOTEL ACCOUNTING	2.0	3
ENGL 10	ADVANCED GRAMMAR & COMPOSITION	1.4	3
HRM 20B	HUMAN RESOURCES MANAGEMENT FOR HOSPITALITY SERVICES	1.8	3
PHILO 2	LOGIC	2.1	3
PSYCH 1	GENERAL PSYCHOLOGY	1.6	3
HUM 1C	HOTEL HUMANITIES WITH ART APPRECIATION	2.3	3
<u>BSHRM 3</u> <u>2ND SEMESTER, 2008 - 2009</u>			
HRM 14C	HOSPITALITY SALES AND MARKETING	1.8	3
HRM 11C	FOOD AND BEVERAGE CONTROL SYSTEM	2.2	3
ENGL 51A	SURVEY OF WORLD LITERATURE	2.3	3
HRM 26	ROOMS DIVISION MANAGEMENT AND CONTROL SYSTEM	1.8	3
SOC SC 1D	SOCIETY & CULTURE W/ FAMILY PLANNING	2.7	3
MATH 20	BASIC STATISTICS	2.8	3
HRM 12	TRAVEL INDUSTRY MGT	1.4	3

(MORE ENTRIES NEXT PAGE)

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PAGE NO. 3 OF 4



OFFICIAL TRANSCRIPT OF RECORDS

NAME : DOGON, CHRISTINE MAE S

STUDENT NO : 06993521

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>1ST SEMESTER, 2009 - 2010</u>			
<u>BSHRM 4</u>	FOREIGN LANGUAGE (ELECTIVE 2)	2.2	3
<u>HRM 30</u>	SOCIAL ANTHROPOLOGY W/ DECS THRUST	1.8	3
<u>SO AN 1</u>	HOSPITALITY MANAGEMENT PROBLEMS	1.6	3
<u>HRM 15B</u>	HOSPITALITY RESEARCH METHODS AND TECHNIQUES	1.5	3
<u>HRM 27</u>			
<u>2ND SEMESTER, 2009 - 2010</u>			
<u>BSHRM 4</u>	PRACTICUM IN HOTEL & RESTAURANT IND. & VESSEL IMMERSION (1000 HRS)	1.5	10
<u>HRM 16G</u>	ECON, TAXATION & AGRARIAN REFORM	1.8	3
<u>ECON 1N</u>			
GRADUATED FROM THE FOUR-YEAR COURSE IN HOTEL AND RESTAURANT MANAGEMENT WITH THE DEGREE OF BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT (B.S.H.R.M.) AS OF MARCH 22, 2010 PACUCOA ACCREDITED EXEMPTED FROM THE ISSUANCE OF SPECIAL ORDER.			

(TRANSCRIPT CLOSED. ANY ENTRY BELOW THIS LINE IS NULL AND VOID)

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 09/28/2010

Rowena C. Caña
ROWENA C. CAÑA

Ofelia G. Vitualla
OFELIA G. VITUALLA

PREPARED BY

CHECKED BY

Francisco C. Sales
FRANCISCO C. SALES
REGISTRAR



NOT VALID WITHOUT SEAL

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PAGE NO. 4 OF 4



Form No. 102
REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE: Cebu LOCAL CIVIL REGISTRY NO. PP-1246

CITY/MUNICIPALITY: Cebu City

1. NAME (First, Middle, Last)
Christine Mae Sarmiento Dogon

2. SEX (Place 'X' on appropriate answer)
1 Male 2 Female

3. DATE OF BIRTH (Day, Month, Year)
17 December 1989

4. PLACE OF BIRTH (Name of Hospital/Institution if not in hospital, give street/Barangay, City/Municipality, Province)
Metro Cebu Community Hospital Cebu City Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
1 Single 2 Twin 3 Triple or more

5b. MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Third, 4th, etc.

6. MOTHER (First, Middle, Last) NATIONALITY RELIGION
Leonida Canillo Sarmiento Filipino RC

7. FATHER (First, Middle, Last) NATIONALITY RELIGION
Romulo Gurian Dogon Filipino RC

8. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)
June 1, 1985, Pagadian City

9. CERTIFICATE OF ATTENDANT AT BIRTH 3102
I hereby certify that I attended the birth of the child who was born alive at Cebu City on the date stated above.
Signature: Dr. A. Paulina Borres Address: Cebu City
Name in print: CARMELITA T. BORRES, MID. Date: December 17, 1989
Title or position: Attending Physician

10. INFORMANT
Signature: BORULO G. DOGON Address: 388 - F. Duterte St., Pagadian City
Name in print: Father Date: December 19, 1989
Relationship to child: Father

11. PREPARED BY
Signature: PATERNO A. LOMARQUID Signature: [Signature]
Name in print: Clay Name in print: [Name]
Title or position: December 15, 1989 Title or position: [Title]
Date: December 15, 1989 Date: [Date]

12. INFORMATION GIVEN IN SUPPLEMENTAL REPORT DATE WHEN INFORMATION WAS SUPPLIED

(Important information should also provide information for items 17 to 25. This card does not to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry to Registration Station: 89077276

PROVINCE: Cebu CITY/MUNICIPALITY: Cebu City

17. Weight at Birth (In grams) 3,487 gms. 18. Birth Order of Child (Ex. First, second, etc.) 1st 2nd 3rd

19a. Total Number of Children Born Alive 2 19b. How many children are now living (including this birth) 2 19c. How many children were born alive but are now dead? 0

20. Usual Occupation Employee 21. Age at the time of this Birth 39

22. Usual Residence (Barangay, City/Municipality, Province) 388 - F. Duterte St., Pagadian City

23. Usual Residence (Barangay, City/Municipality, Province) 388 - F. Duterte St., Pagadian City

24. Sex of Informant Male 25. Age at the time of this Birth 40

26. Number of Birth (Place 'X' on appropriate answer)
1 Single 2 Twin 3 Multiple 4 Misc. 5 Others

27. Date of Birth 17/12/89 28. Place of Birth Cebu City 29. Nationality Filipino 30. Father's Nationality Filipino

31. NAME OF CHILD
First Middle Last
CHRISTINE MAE DOGON

02047-0G-004MSS-00883-B1002
BEST POSSIBLE IMAGE

T004020470040088300892005002
D.C. 900328881

02217-A89ZH07-2

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office



CERTIFIED & VERIFIED AGAINST THE STUDENT'S RECORDS KEPT IN THE OFFICE
[Signature]
FRANCISCO C. SALES
REGISTRAR
UNIVERSITY OF CEBU
MAIN CAMPUS



UNIVERSITY OF CEBU
Cebu City - 071

HOLY CHILD ACADEMY
Pagadian City
SECONDARY STUDENT'S
PERMANENT RECORD

Copy of this record sent to _____
RECEIVED

Identification card issued on _____
Principal _____

Name: Dogor, Christine Ynac S. Date of Birth: Year 1989 Month February Day 17
Place of Birth: Province Cebu City/Town: Cebu City Barrio: _____
Parent or Guardian: Rommel Dogor Occupation: Govt employee
Address of Parent or Guardian: San Juan West, Pagadian City
Intermediate Course Completed: (School) Pagadian City Dist. Sch. Year: 2002 General Average: 86.13
Classified as: Total number of years in school to complete the elementary course: 6 yrs. School Year 2002 - 2003

Curriculum Year	SUBJECT	GRADING PERIODS	C.S. Average	Action Taken	Credits Earned							
I	Filipino		81	Passed								
	Araling Panlipunan		85									
	PEHM / MAPETH		86									
	Values Educ. / Christian Living											
	English		84									
	Math		77									
	Science & Technology		86									
	THE / TLE		87									
RHGP w/ EP		90										
Computer												
Month	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total
Days of School												203
Days Present												203

Classified as: Total number of years in school to date: 7 yrs. School Year 2003 - 2004

Curriculum Year	SUBJECT	GRADING PERIODS	C.S. Average	Action Taken	Credits Earned							
II	Filipino		81	Passed								
	Araling Panlipunan		83									
	PEHM		84									
	Values Educ. / Christian Living		80									
	English		81									
	Math		81									
	Science & Technology		82									
	Practical Arts - T.H.E.		86									
	RHGP		88									
	Computer											
Computer					10.2							
Month	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total
Days of School												204
Days Present												193

Classified as: Total number of years in school to date: _____ School Year 2004 - 2005

Curriculum Year	SUBJECT	GRADING PERIODS	C.S. Average	Action Taken	Credits Earned							
III	Filipino		86	Passed								
	Araling Panlipunan		87									
	PEHM		93									
	Values Educ. / Christian Living		87									
	English		83									
	Math		85									
	Science & Technology		85									
	THE		87									
	RHGP		92									
	Computer		83									
Computer					10.2							
Month	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total
Days of School												205
Days Present												200

Note: In the record for any given school year, all subjects actually taken by the students are to be listed in the column under subjects. Under Curriculum Year is indicated for each subject the year to which it corresponds in the school curriculum. To illustrate, a student maybe taking in his second year, I-algebra, a first curriculum year subject.

CERTIFIED & VERIFIED AGAINST THE STUDENT'S RECORDS KEPT IN THIS OFFICE
[Signature]
FRANCISCO C. SALES
REGISTRAR
UNIVERSITY OF CEBU
MAIN CAMPUS



Name: Rogon, Christine Mae S.
 Classified as Fourth YEAR School Holy Child Academy Total number of years in school to date 9 yrs. School Year 20 25 - 20 26

Curriculum Year	SUBJECT	GRADING PERIODS												C.S. Average	Action Taken	Credits Earned	
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
IV	Filipino														89		1.2
	Araling Panlipunan														87		1.2
	PEHM / MAPEH														92		1.2
	Values Educa. / Christian Living														93		
	English														83	Passed	1.5
	Math														84		1.5
	Science & Technology														82		1.8
	THE / TLE														90		1.2
	RIIGP / EP														95		1.6
	Computer														85		
CP/Art														94			
Month	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total					
Days of School																	210
Days Present																	210

Classified as 10 yrs. Total number of years in school to date 10 yrs. School Year 20 - 20

Curriculum Year	SUBJECT	GRADING PERIODS												C.S. Average	Action Taken	Credits Earned	
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
	CAI														Pass	Pass	1.3
10.5																	
Month	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total					
Days of School																	
Days Present																	

REMARKS

Remarks on the health, character, and habits of the student _____

TRANSFER

I certify that this is a true record of Christine Mae S. Rogon This student is, on this 28th date of June, 20 06 eligible for admission to the St. Ignace College years as (a regular) student, and has no property responsibility in this school. (an irregular)

[Signature]
EPIFANIA L. DUHAYLUNGSOO
 Principal/Registrar



Municipal Form No. 87
(Revised August 2016)
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF MARRIAGE

Province **CEBU** Registry No. **2020-370**
City/Municipality **TOLEDO CITY**

	HUSBAND				WIFE			
1. Name of Contracting Parties	(First) REY MARK (Middle) SIBUGAN (Last) GALLETES	(First) CHRISTINE MAE (Middle) SARMIENTO (Last) DOGON						
2a. Date of Birth 2b. Age	(Day) 14 (Month) OCTOBER (Year) 1992 (Age) 28	(Day) 17 (Month) DECEMBER (Year) 1989 (Age) 30						
3. Place of Birth	(City/Municipality) VALLADOLID (Province) NEGROS OCCIDENTAL (Country) 	(City/Municipality) METRO CEBU COMMUNITY HOSPITAL (Province) CEBU CITY (Country) 						
4a. Sex 4b. Citizenship	MALE (Citizenship) FILIPINO	FEMALE (Citizenship) FILIPINO						
5. Residence	(House No., St., Barangay, City/Municipality, Province, Country) MANDAUE CITY CEBU PHILIPPINES	(House No., St., Barangay, City/Municipality, Province, Country) MANDAUE CITY CEBU PHILIPPINES						
6. Religion/ Religious Sect	ROMAN CATHOLIC	ROMAN CATHOLIC						
7. Civil Status	SINGLE	SINGLE						
8. Name of Father	(First) RENE (Middle) JACILDO (Last) GALLETES	(First) ROMULO (Middle) GUDEN (Last) DOGON						
9. Citizenship	FILIPINO	FILIPINO						
10. Maiden Name of Mother	(First) ERNA (Middle) MOYANA (Last) SIBUGAN	(First) LEONIDA (Middle) CANILLO (Last) SARMIENTO						
11. Citizenship	FILIPINO	FILIPINO						
12. Name of Person With Who Gave Consent or Advice	(First) (Middle) (Last) PARTIES ARE ALREADY OF AGE AND HAVE EXECUTED	(First) (Middle) (Last) PARTIES ARE ALREADY OF AGE AND HAVE EXECUTED						
13. Relationship	AN AFFIDAVIT THAT THEY HAVE LIVED TOGETHER AS	AN AFFIDAVIT THAT THEY HAVE LIVED TOGETHER AS						
14. Residence	(House No., St., Barangay, City/Municipality, Province, Country) HUSBAND AND WIFE FOR AT LEAST FIVE (5) YEARS	(House No., St., Barangay, City/Municipality, Province, Country) HUSBAND AND WIFE FOR AT LEAST FIVE (5) YEARS						

15. Place of Marriage: **OFFICE OF THE CITY MAYOR** **TOLEDO CITY** **CEBU**
(Office of the House of Barangay or Church of Mosque of) (City/Municipality) (Province)
16. Date of Marriage: **25 NOVEMBER 2020** 17. Time of Marriage: **10:00 A.M.** am/pm
(Day) (Month) (Year)

18. CERTIFICATION OF THE CONTRACTING PARTIES: **REY MARK S. GALLETES** and **CHRISTINE MAE S. DOGON**, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we: have entered, a copy of which is hereto attached / have not entered into a marriage settlement IN WITNESS WHEREOF, we have signed marked with our fingerprint this certificate in quadruplicate this _____ day of _____
REY MARK S. GALLETES **CHRISTINE MAE S. DOGON**
(Signature of Husband) (Signature of Wife)

19. CERTIFICATION OF THE SOLEMNIZING OFFICER:
THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age I CERTIFY FURTHER THAT:
 a. Marriage License No. _____ issued on _____ at _____
 b. in favor of said parties, was exhibited to me.
 c. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209.
 c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083
MARJORIE R. PERALES **CITY MAYOR**
(Signature Over Printed Name of Solemnizing Officer) (Position/Designation) (Religion/Religious Sect, Registry No and Expiration Date, if applicable)

20a. WITNESSES (Print Name and Sign)
Additional on the back
SIEGFREDO TAMBANILLO **EMERSON** **CORAZON R. CABALLEDA** **MARQUEL B. YU**
21 RECEIVED BY: **MA. RHEA D. MORALDE**
Signature: **MA. RHEA D. MORALDE**
Name in Print: **CITY CIVIL REGISTRAR**
Title or Position: **CITY CIVIL REGISTRAR**
Date: **DEC 03 2020**
22. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: **MA. RHEA D. MORALDE**
Name in Print: **CITY CIVIL REGISTRAR**
Title or Position: **CITY CIVIL REGISTRAR**
Date: **DEC 03 2020**

REMARKS/ANNOTATIONS (For CRO/OCR/Shar'a Circuit Registrar Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
4b-H 4b-W 5H 5W 6H 6W 7H 7W

08109-F0-400ROC-00751-MI005
BEST POSSIBLE IMAGE
T400081094000075103152022005
IP200796218

Documentary
Stamp Tax Paid

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



