



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39415971

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 S260GMCE20-R71561239	VALID UNTIL March 04, 2025
FAMILY NAME SIGUERA	FIRST NAME MARY CHRISTINE
MIDDLE NAME MAHUSAY	HUSBAND'S SURNAME
ADDRESS 226 A LOPEZ ST. SITIO UPPER COGON BRGY LABANGON CEBU CITY	
DATE OF BIRTH July 03, 2002	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE
REMARKS NO RECORD ON FILE	



SIGNATURE
Mary Christine Mahusay Siguera



Date Printed: Monday, March 04, 2024 11:52 AM



S260GMCE20-R71561239

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

Agency R7 DATID villarinn
CASID villarinn BIDID villarinn
O.R. No. MP7DEGGHCY RECID
O.R. Date 03/04/2024 11:49:57 AM INTID
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(Copy for OCRG)

OCRG No. 13-1040568
05/28/2017 09:48:48 PM

PURSUANT TO THE DECISION RENDERED BY CCR EVANGELINE T. ABATAYO DATED JUNE 04, 2013 AND AFFIRMED BY CRG UNDER OCRG NO. 13-1040568, THE CHILD'S, FATHER'S AND INFORMANTS LAST NAMES IS HEREBY CORRECTED FROM "SEGUERRA" TO "SIGUERA".

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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 2, 5a, 5b and 19a)					
Province <u>Cebu</u>		Registry No. 2002 19310			
City/Municipality <u>CEBU CITY</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>MARY CHRISTINE MARISAT SIGUERA</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>01</u> <u>JULY</u> <u>2002</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>		41		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		42
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1ST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3020</u> grams		43
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>ANALYN DAMOS MAHREYAT</u>		44		
	7. CITIZENSHIP <u>PIL.</u>		B. RELIGION <u>R.C.</u>		45
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		46
	c. No. of children born alive but are now dead: <u>0</u>		47		
	10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>24</u> years		48
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>226 OCHOA A. LOPEZ ST. CEBU CITY CEBU</u>		49			
FATHER	13. NAME (First) (Middle) (Last) <u>RENANTE OCTAVIUS SIGUERA</u>		50		
	14. CITIZENSHIP <u>PIL.</u>		15. RELIGION <u>R.C.</u>		51
	16. OCCUPATION <u>PAINTER</u>		17. Age at the time of this birth: <u>29</u> years		52
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 15, 2002 TAMBELAN, CEBU</u>		53		
	19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)		54		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:21</u> AM o'clock am/pm on the date stated above.		55			
Signature <u>[Signature]</u> Address <u>85 BAGALSO AVENUE CEBU CITY, CEBU</u>		56			
Name in Print <u>LOVELLA B. OCTAVIUS</u> Date <u>JULY 3, 2002</u>		57			
Title or Position <u>M.D.</u>		58			
20. INFORMANT Signature <u>[Signature]</u> Address <u>226 OCHOA A. LOPEZ ST. CEBU CITY, CEBU</u>		59			
Name in Print <u>ANALYN DAMOS</u> Date <u>JULY 3, 2002</u>		60			
Relationship to the child <u>MOTHER</u>		61			
21. PREPARED BY Signature <u>[Signature]</u> Address <u>226 OCHOA A. LOPEZ ST. CEBU CITY, CEBU</u>		62			
Name in Print <u>JUSTINA D. CLAUDIO</u> Date <u>JULY 3, 2002</u>		63			
Title or Position <u>D.R. NURSE</u>		64			
Date		65			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>226 OCHOA A. LOPEZ ST. CEBU CITY, CEBU</u>		66			
Name in Print <u>LOVELLA B. OCTAVIUS</u> Date <u>JULY 3, 2002</u>		67			
Title or Position <u>REGISTRATION OFFICER II</u>		68			
Date		69			

MS. EDITOR ORCILLA
Chief, Document Management Division

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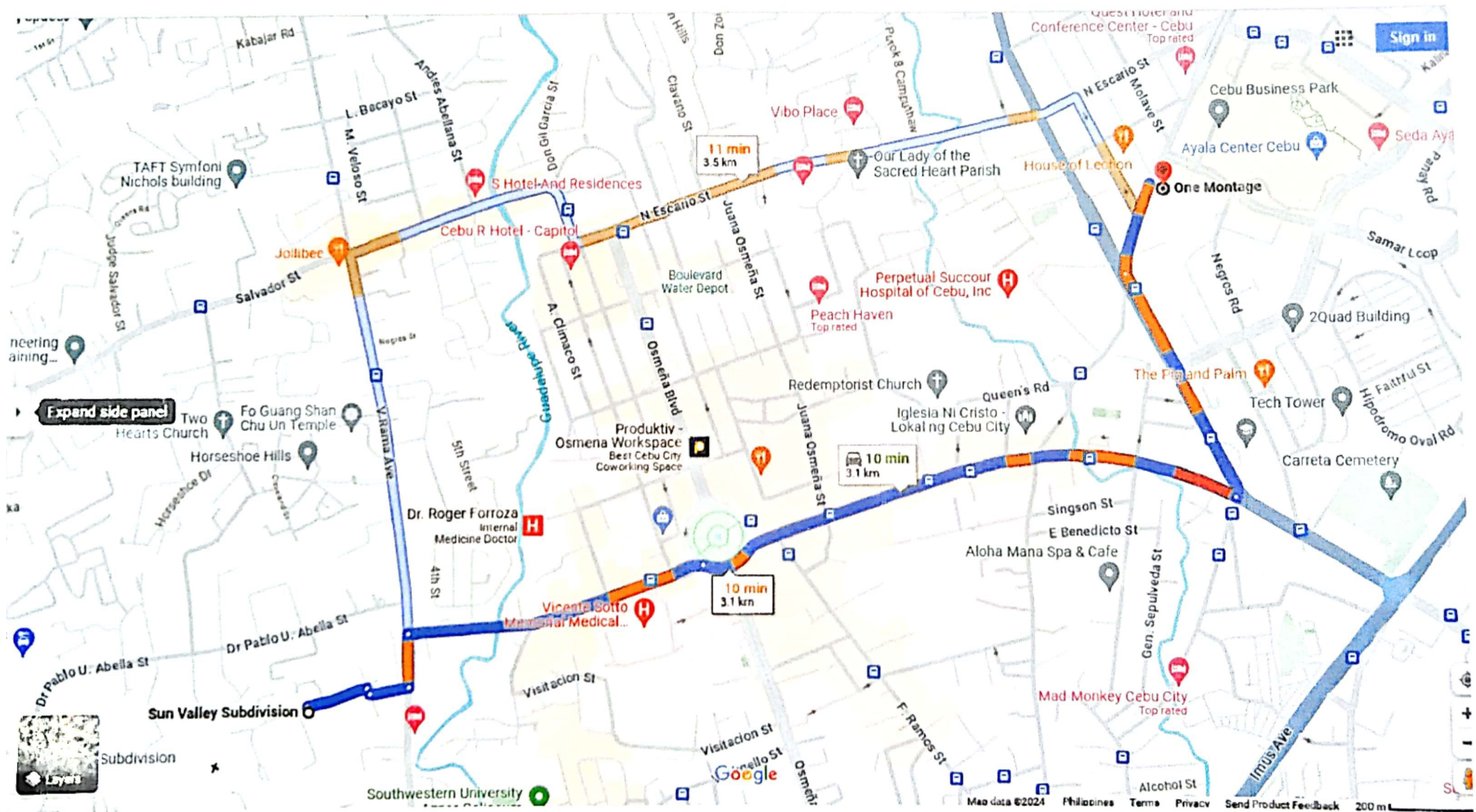


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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





12-254315129-5
SIGUERA, MARY CHRISTINE MAHUSAY

JULY 03 2002 - FEMALE
226 COGON A LOPEZ ST LABANGON CEBU CITY,
CEBU - 6000

Mary Christine



1 2 2 5 4 3 1 5 1 2 9 5

21

Mary Christine
Mary Christine
Mary Christine

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

E. R. Ledesma, Jr.

EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)



VOTER'S CERTIFICATION

Voter's Identification Number : 2217SK1530AG0302MMS20000-7

Province : CEBU

Municipality : CITY OF CEBU

Barangay : LABANGON

Precinct No. : 1530 A

VRR No. : 2217310359255

Illiterate / Disabled : NONE



Name : SIGUERA, MARY CHRISTINE MAHUSAY

Sex : Female

Civil Status : SINGLE

Residence : 226-Q COGON A LOPEZ ST.
LABANGON
CITY OF CEBU
CEBU

BIOMETRICS :



PERIOD OF RESIDENCE IN :

Municipality : 17 year(s) and 1 month(s)

Date of Birth : 07/03/2002

Date of Registration : 08/23/2019

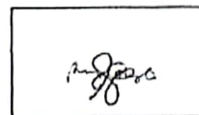
Sector :

Registration Type : REGISTRATION

VOTING RECORD

Current : Y 05/09/2022

Previous :



Issued and signed on this 14th day of June, 2023 at CITY OF CEBU, CEBU.

Paid Under O.R. # : _____

Amount Paid : 75.00

Date Issued : 06/14/2023



CERTIFIED CORRECT :

ATTY. FERDINAND G.S. GUJILDE
Election Officer

COMPARED AGAINST ORIGINAL

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