

Republic of the Philippines

**Cebu Technological University**  
MAIN CAMPUS  
M.J Cuenco Ave. Corner R. Palma St., Cebu City, Philippines 6000  
SUC Level IV University, CHED Recognized, AACUP Accredited and ISO Quality System Certified.



**DIPLOMA**

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME  
BE IT KNOWN THAT

**FLORELENE S. YBAÑEZ**


*having satisfactorily completed the prescribed program of instruction on recommendation of the faculty of Cebu Technological University,  
duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines,  
has this day been granted the degree of*

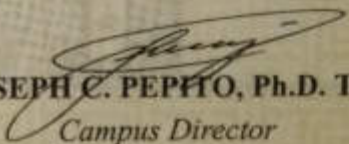
**Bachelor of Technical & Vocational Teacher Education  
Major in Garments and Fashion Design  
"Cum Laude"**

*with all the rights, honors, and privileges thereunto appertaining. In testimony whereof the seal of the  
Cebu Technological University and the signatures of the University Registrar,  
the Campus Director and the University President are hereunto affixed.  
Given in Cebu City, Philippines this 16th day of August, 2022.*



  
**FELICIDAD C. HIRAMIS**  
Registrar IV

  
**ROSEIN A. ANCHETA JR., D.M., Ph. D.**  
SUC President IV

  
**JOSEPH C. PEPITO, Ph.D. TM**  
Campus Director





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.)

1460

Province CEBU Registry No. 99-1090  
City/Municipality BANTAYAN

REMARKS/ANNOTATION

1. NAME (First) Floreldene (Middle) Sevillejo (Last) Ybanez  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) 30 (month) May (year) 1999

FOR OCRG USE ONLY  
Population Reference No. 2209-199 K001-4

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) House No., Street, Barangay  
BAUT. DIST. ROSE (City/Municipality) BANTAYAN (Province) CEBU

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

99 0 1 9 0

c. BIRTH ORDER (live births and total deaths including this delivery) 5th (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3.2 grams

7

6. MAIDEN NAME (First) Jenelyn (Middle) Patuga (Last) Sevillejo

7

7. CITIZENSHIP Filipino 8. RELIGION Catholic

2 0 0 1 9 9

9a. Total number of children born alive: 5002  
b. No. of children still living including this birth: 5  
c. No. of children born alive but are now dead: 0

5 0 1 9 9

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 35 years

7

12. RESIDENCE (House No., Street, Barangay) Palao (City/Municipality) Bantayan (Province) Cebu

6 7 9 1 2

13. NAME (First) Nelson (Middle) Rata (Last) Ybanez

7

14. CITIZENSHIP Filipino 15. RELIGION Rom. Catholic

6 8 8 9 1 2

16. OCCUPATION Fisherman 17. Age at the time of this birth: 35 years

7 2 0 1 2

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Sept. 20, 1986 Sagay, Neg. Occ.

7 2 0 1 2

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

7 2 0 1 2

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 3:00 o'clock am/pm on the date stated above.

7 2 0 1 2

Signature [Signature] Address ADM, Bant., Cebu  
Name in Print [Name] Date June 14, 1999  
Title or Position [Title]

7 2 0 1 2

20. INFORMANT  
Signature [Signature] Address [Address]  
Name in Print [Name] Date June 14, 1999  
Relationship to the child Mother

7 2 0 1 2

21. PREPARED BY  
Signature [Signature] Address [Address]  
Name in Print [Name] Date June 14, 1999  
Title or Position [Title]

7 2 0 1 2



RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature [Signature] Address [Address]  
Name in Print [Name] Date June 14, 1999  
Title or Position [Title]

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2

7 2 0 1 2



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-026026303-5**

**YBAÑEZ, FLORELENE SEVILLEJO**

MAY 30, 1999 - FEMALE

FIRECRASH BANKAL LAPU-LAPU CITY (OPON),  
CEBU - 6015

*Ybañez*  
Signature



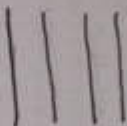
1 2 0 2 6 0 2 6 3 0 3 5



SAN JOSE  
BAKESHOP

PAG-IBIG

AYALA CENTER  
CEBU



ONE MONTAGE

MCDONALD

AYALA  
TERMINAL

FLB



Republic of the Philippines  
Province of Cebu  
Municipality of Bantayan  
**BARANGAY PATAO**



**OFFICE OF THE PUNONG BARANGAY**

**BARANGAY CLEARANCE**

*Punong Barangay:*  
**VISITACION P. LLENES**

*Barangay Kagawad:*  
**SHERNE D. MATA  
ROMEO G. DESTURA  
CRISTITO M. NEGRE  
CLIVE Z. VILLACAMPA  
GARRY R. MATA  
CARLOS C. ALOTA  
SANTOS A. DUCAY JR.**

*SK Chairman:*  
**CRISTIAN D. DUCAY**

*Barangay Secretary:*  
**SAMUEL C. MATA**

*Barangay Treasurer:*  
**MYRA D. CARACENA**

**TO WHOM IT MAY CONCERN:**

This is to certify that FLORENE S. TORRES ( ) male  
() female, Filipino, 24 years of age, (→) single, ( ) married, ( ) widow  
residing at Sitio GUINDALIGAN, Purok MARIC of this Barangay, is  
known to me as a person of good moral character and has no pending case.

This certification is issued upon the request of the interested party  
for purposes enumerated hereunder.

<input type="checkbox"/>	Business Clearance ( ) NEW	( ) RENEWAL
<input checked="" type="checkbox"/>	Employment (✓) LOCAL	( ) ABROAD
<input type="checkbox"/>	Enrollment	Loan Purposes
<input type="checkbox"/>	Identification	Low Income (Insufficient)/Indigents
<input type="checkbox"/>	Scholarship/Endorsement	Personal
<input type="checkbox"/>	Postal I.D.	Other Legal Purpose
<input type="checkbox"/>	Construction/Fencing/House Repair	OJT
<input type="checkbox"/>	Electrical Installation/Water Installation	
<input type="checkbox"/>		

FLORENE S. TORRES  
Applicant Signature over Printed Name

Barangay Certificate No. \_\_\_\_\_  
Barangay Tax Certificate No.: \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_  
O.R. Number \_\_\_\_\_  
Doc. Stamp Paid : Php. 30.00 (see attached O.R.)  
Date Paid : 08-11-2014

**VISITACION P. LLENES**  
*Punong Barangay*

This certification is invalid if it has mark of erasure or alteration of any entry.  
Do your share in putting BARANGAY PATAO into progress.



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

SSS CEBU-NRA BRANCH-1

MARICRIS D. PONC  
 Received / Compared with Ori

MO0696IW202112035704 Date/Time Generated: 04 December 2021 01:59:07 AM

SS NUMBER <b>35-1350597-6</b>					
NAME					
(LAST NAME) <b>YBAÑEZ</b>		(FIRST NAME) <b>FLORELENE</b>		(MIDDLE NAME) <b>SEVILLEJO</b>	
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) <b>05301999</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>BANTAYAN</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>		SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>YBAÑEZ</b>		(FIRST NAME) <b>NELSON</b>		(MIDDLE NAME) <b>MATA</b>	
MOTHER'S MAIDEN NAME (LAST NAME) <b>SEVILLEJO</b>		(FIRST NAME) <b>JENELYN</b>		(MIDDLE NAME) <b>PATUGA</b>	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.)			(STREET NAME) <b>PATAO, BANTAYAN</b>		(SUBDIVISION) <b>CEBU</b>
(BARANGAY/DISTRICT/LOCALITY) <b>PATAO</b>	CITY/MUNICIPALITY <b>BANTAYAN</b>		(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6052</b>	COUNTRY CODE <b>0063</b>
CIVIL STATUS <b>SINGLE</b>	HEIGHT (in CENTIMETERS) <b>157</b>	WEIGHT (in KILOGRAMS) <b>55</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER <b>(0938) 073-5210</b>	EMAIL ADDRESS <b>floreleneybanez2@gmail.com</b>		
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)					
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1					DATE OF BIRTH (MMDDYYYY)
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Fast-Fund Program?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE <b>FOR EMPLOYMENT</b>		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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/uptating 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.					



# MEMBER'S DATA FORM (MDF)

FOR PAG-IBIG EMPLOYEES USE ONLY

Pag-IBIG MID NO.  
1 2 1 3 0 7 5 3 4 5 3 4

REGISTRATION TRACKING NUMBER  
9222 578 5520

### INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
- Type or print all entries in **BLOCK** or **CAPITAL LETTERS**.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
- For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

\*OCCUPATIONAL STATUS     EMPLOYED     UNEMPLOYED/NOT YET EMPLOYED  
 CHECK THIS BOX IF FIRST TIME JOBSEEKERS

### \*MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL*	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS. Please specify
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	Ybañez	Flordelene		Sevillejo	<input type="checkbox"/>
FATHER	Ybañez	Nelson		Negre	<input type="checkbox"/>
*MOTHER <small>(Maiden Name)</small>	Sevillejo	Janelyn		Patuga	<input type="checkbox"/>
*SPOUSE <small>(if Married)</small>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 0 5 3 0 1 9 9 9	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PLACE OF BIRTH <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small> Patao, Bantayan Cebu	*CITIZENSHIP Filipino	SSS/GSIS NUMBER 3 5 1 8 5 0 5 9 7 6
*SEX    HEIGHT    WEIGHT <input type="checkbox"/> Male    151 (cm)    58 (kg) <input checked="" type="checkbox"/> Female	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>	EMPLOYEE NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	For AFP/PNP Employee, Serial/Badge No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
		For DepEd Employee, Division Code-Station Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE    TELEPHONE NUMBER Home
Subdivision: Patao, Barangay: Bantayan, Municipality/City: Cebu, Province/State/Country (if abroad): Cebu, ZIP Code: 6052	Cell Phone: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name	Business (Direct Line): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision: Bankal, Barangay: Lapu-Lapu, Municipality/City: City, Province/State/Country (if abroad): Cebu, ZIP Code: 6015	Business (Trunk Line): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]    Local: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Florene S. Ybanez

( ) male



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



393803710

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.  
**Y152EF4E99-R71554339**

FAMILY NAME  
**YBANEZ**

MIDDLE NAME  
**SEVILLEJO**

ADDRESS  
**SITIO REGLA BRGY LUZ CEBU CITY**

DATE OF BIRTH  
**May 30, 1999**

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**

VALID UNTIL  
**February 07, 2025**

FIRST NAME  
**FLORELENE**

HUSBAND'S SURNAME

PLACE OF BIRTH  
**BANTAYAN CEBU**

CIVIL STATUS  
**SINGLE**

**PERSONAL COPY**



SIGNATURE

GENDER  
**FEMALE**



Y152EF4E99-R71554339

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

Date Printed: Wednesday, February 07, 2024 11:37 AM

Agency R7 DATID villarinn  
CASID villarinn BIOID villarinn  
O.R. No. MP35DAH5WA RECID  
O.R. Date 02/07/2024 11:38:08 A INTD  
DST PAID PRTID villarinn

ACEBEDO OPTICAL  
FREE EYE CHECK-UP

olyclinics & Diagnostic Center, Inc.  
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
-2273/266-3245  
alpha.ph

SERVICE ORDER



RIGHT EYE:  
LEFT EYE:

Priority No.	
SO No.	0003
S.O Date	462305
Terms	05/14/2024
Amount Due	30 Days P800.00

SOLUTIONS  
CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

PATIENT ID : 100200  
PATIENT NAME : YBAÑEZ, FLORELENE, SEVILLEJO  
PATIENT ADDRESS : Luz, Cebu City (Capital), Cebu  
MOBILE NO. : 0938 073 5210  
EMAIL ADDRESS :  
REQUESTING PHYSICIAN :  
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
RESULT DELIVERY : DELIVERY

PATIENT INFORMATION



GENDER : Female  
BIRTHDATE : 05/30/1999  
AGE : 24  
CIVIL STATUS : Single  
SC/PWD ID :  
HMO CARD NO. :  
PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	H	AMOUNT
P127	IPLOY PEME +PE CHEST XRAY, CBC, UA, SE <i>waived</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00		800.00

BIOMETRICS DONE  
DATE: MAY 14 2024

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

BY:   
Signature Over Printed Name

Date Created: 05/14/2024 07:18 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.

\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*