



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
Republic of the Philippines <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 10a.)						
Province <u>Zamboanga del Sur</u>			Registry No. <u>95-1019</u>			
City/Municipality <u>Mahayag</u>						
CHILD	1. NAME (First) (Middle) (Last) <b>MARY JOY SABROSO ANANTE</b>		FOR OCRG USE ONLY: Population Reference No. <b>7315-A95T401-0</b>			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>04 September 1995</b>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>Bag-ong Balamban, Mahayag, Zamboanga del Sur</b>		41 <b>9501019</b>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		42 <b>1</b>	
c. BIRTH ORDER (give births and fetal deaths including this delivery) <b>First-</b> (first, second, third, etc.)		d. WEIGHT AT BIRTH <b>2722</b> grams		43-48 <b>2 040995</b>		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <b>MARY JANE TADAMO SABROSO</b>		49-50 <b>73155</b>			
	7. CITIZENSHIP <b>Filipino</b>		8. RELIGION <b>Roman Catholic</b>			
	9a. Total number of children born alive: <b>1</b>		b. No. of children still living including this birth: <b>1</b>		c. No. of children born alive but are now dead: <b>0</b>	
	10. OCCUPATION <b>Housekeeper</b>		11. Age at the time of this birth: <b>22</b> years		51 <b>1</b>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>Bag-ong Balamban, Mahayag, Zamboanga del Sur</b>		52-54 <b>01 2722</b>				
FATHER	13. NAME (First) (Middle) (Last) <b>JOHNNY GULATORIO ANANTE</b>		54-55 <b>1 1</b>			
	14. CITIZENSHIP <b>Filipino</b>		15. RELIGION <b>Roman Catholic</b>			
	16. OCCUPATION <b>Farmer</b>		17. Age at the time of this birth: <b>22</b> years		57-59 <b>01 01 00</b>	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <b>Date: October 22, 1994 Place: Mahayag, Zamboanga del Sur</b>		60-62 <b>220 22</b>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify _____)		63-65 <b>73155</b>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>5:40PM</b> o'clock minutes on the date stated above Signature <u>Antipao R. Gato</u> Address <u>Bag. Balamban, Mahayag, Z/S</u> Name in Print <b>ANTIPAO R. GATO</b> Title or Position <b>Traditional Midwife</b> Date <b>September 7, 1995</b>		66-67 <b>1 1</b>				
20. INFORMANT Signature <u>Johnny S. Anante</u> Address <u>Bag-ong Balamban, Mahayag, Zamboanga del Sur</u> Name in Print <b>JOHNNY S. ANANTE</b> Relationship to the child <b>Father</b> Date <b>September 7, 1995</b>		68-69 <b>619 22</b>				
21. PREPARED BY Signature <u>Virginia D. Mabida</u> Name in Print <b>VIRGINIA D. MABIDA</b> Title or Position <b>Registration Officer</b> Date <b>September 7, 1995</b>		70-72 <b>102294 73155 09052</b>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Jeffrey T. Artiaga</u> Name in Print <b>JEFFREY T. ARTIAGA</b> Title or Position <b>Civil Registrar</b> Date <b>September 8, 1995</b>		73-74 <b>4</b>				

08459-G9-006AGS-00459-BI001

BEST POSSIBLE IMAGE



T008084590060045902282023001  
10000619270

BReN

07315-A95T402-5

Documentary  
Stamp Tax Paid

*CSM*

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





Municipal Form No. 102 (Revised August 2016)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(If accomplished in quadruplicate using 100x150)																															
Province <b>ZAMBOANGA DEL SUR</b>			Registry No. <b>2019 - 7112</b>																																
City/Municipality <b>PAGADIAN CITY</b>																																			
1. NAME (FNU) <b>SEBASTIEN FORD</b>		(MNU) <b>AMANTE</b>		(LNU) <b>OCAMPOS</b>																															
2. SEX (Male/Female) <b>MALE</b>		3. DATE OF BIRTH (Day) <b>19</b> (Month) <b>SEPTEMBER</b> (Year) <b>2019</b>																																	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Physician, (House No., St., Barangay)) <b>IS MEDICAL CENTER</b>		(City/Municipality) <b>DRO, PAGADIAN CITY</b>		(Province) <b>ZAMBOANGA DEL SUR</b>																															
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>		5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N/A</b>		5c. BIRTH ORDER (Order in the birth as provided in the entry requiring this item) (First, Second, Third, etc.) <b>FIRST</b>																															
6. WEIGHT AT BIRTH (grams) <b>3250</b>																																			
7. MOTHER NAME (FNU) <b>MARY JOY</b>		(MNU) <b>SABRISO</b>		(LNU) <b>AMANTE</b>																															
8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>																																	
10a. Total number of children born alive <b>1</b>		10b. No. of children still being reared by the birth <b>1</b>		10c. No. of children born alive but are now dead <b>0</b>																															
11. OCCUPATION <b>HOUSEKEEPER</b>		12. AGE at the time of the birth (completed year) <b>24</b>																																	
13. RESIDENCE (House No., St., Barangay) <b>PUROK 4 BAG-ONG BALAMBAN MARIYAG, ZAMBOANGA DEL SUR, PHILIPPINES</b>		(City/Municipality) <b>PAGADIAN CITY</b>		(Province) <b>ZAMBOANGA DEL SUR</b>																															
14. NAME (FNU) <b>ABBADON</b>		(MNU) <b>QUILATON</b>		(LNU) <b>OCAMPOS</b>																															
15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>SEVENTH DAY ADVENTIST</b>		17. OCCUPATION <b>SELF-EMPLOYED</b>																															
18. AGE at the time of the birth (completed year) <b>23</b>																																			
19. RESIDENCE (House No., St., Barangay) <b>PUROK 4 BAG-ONG BALAMBAN MARIYAG, ZAMBOANGA DEL SUR, PHILIPPINES</b>		(City/Municipality) <b>PAGADIAN CITY</b>		(Province) <b>ZAMBOANGA DEL SUR</b>																															
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Absence/Declaration of Absence of Parenty at the back.)																																			
20a. DATE (Month) <b>NOT MARRIED</b> (Day) <b>NOT MARRIED</b> (Year) <b>NOT MARRIED</b>		20b. PLACE (City/Municipality) <b>NOT APPLICABLE</b> (Province) <b>NOT APPLICABLE</b> (Country) <b>NOT APPLICABLE</b>																																	
21a. ATTENDANT																																			
<input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Heb. (Midwifery) <input type="checkbox"/> 5 Others (Specify) _____																																			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Trained Heb. Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>10:10PM</b> on the date of birth specified above.																																			
Signature <b>CHANDRA B. SALVADOR, M.D.</b>		Address <b>ZSMC, PAGADIAN CITY</b>																																	
Name in Print <b>CHANDRA B. SALVADOR, M.D.</b>																																			
Title or Position <b>MEDICAL OFFICER IV</b>																																			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are correct to my own knowledge.																																			
Signature <b>ABBADON O. OCAMPOS</b>		Signature <b>ROEN D. RODRIGUEZ</b>																																	
Name in Print <b>ABBADON O. OCAMPOS</b>		Name in Print <b>ROEN D. RODRIGUEZ</b>																																	
Relationship to the Child <b>FATHER</b>		Date of Birth <b>SEPTEMBER 23, 2019</b>																																	
Address <b>MARIYAG, ZAMBOANGA DEL SUR</b>																																			
Date <b>SEPTEMBER 23, 2019</b>																																			
24. RECEIVED BY Signature _____ Name in Print <b>DANIELA N. DURRAN DO</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <b>PAULITA S. SERGAS</b>																																	
Title or Position <b>REGISTERED OFFICER I</b>		Title or Position <b>City Civil Registrar</b>																																	
Date <b>10-11-19</b>		Date <b>10-11-19</b>																																	
REMARKS/ANNOTATIONS (For LCROIDCRG Use Only)																																			
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR																																			
<table border="1"> <tr> <td>0</td><td>1</td><td>0</td><td>8</td><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>8</td><td>0</td><td>7</td><td>3</td><td>1</td><td>5</td><td>0</td><td>1</td><td>0</td><td>9</td><td>1</td><td>1</td><td>1</td><td>0</td><td>0</td><td>8</td><td>0</td><td>7</td><td>3</td><td>1</td><td>5</td> </tr> </table>						0	1	0	8	0	2	1	0	0	8	0	7	3	1	5	0	1	0	9	1	1	1	0	0	8	0	7	3	1	5
0	1	0	8	0	2	1	0	0	8	0	7	3	1	5	0	1	0	9	1	1	1	0	0	8	0	7	3	1	5						

08480-F8-723SUP-00233-BI001

BEST POSSIBLE IMAGE



1721084807230023303212023001

BRen

07322-B19SK0C-1

Documentary  
Stamp Tax Paid

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


November 23, 2023

**CERTIFICATE OF EMPLOYMENT**

To Whom It May Concern:

This is to certify that Amante, Mary Joy Sabroso was an employee of Teleperformance Philippines from September 6, 2016 to June 2, 2017. Mary Joy held the position as Customer Service Representative.

This Certification is being issued upon the request of Amante, Mary Joy Sabroso for reference purposes.



**Rachel Majito - Cacabelos**  
Vice President, Human Resources

*For Employment Verification, please send an e-mail to [philippines@teleperformance.com](mailto:philippines@teleperformance.com)*

**DATA CLASS 3 – HIGHLY CONFIDENTIAL**

This document is owned by Teleperformance. **This document is for authorized personnel only.** Distribution to external parties without management approval and duly signed confidentiality agreements is prohibited.

REPUBLIKA NG PILIPINAS  
REPUBLIC OF THE PHILIPPINES  
KOMISYON NG LALONG MATAAS NA EDUKASYON  
Commission on Higher Education

# Saint Columban College

PAGADIAN CITY

Ito ay nagpapahiwatig na ang titulo ng  
THIS MAKES KNOWN THAT THE DEGREE OF

## BACHELOR OF SECONDARY EDUCATION

ay iginawad kay  
has been conferred upon

### Mary Joy Sabroso Amante

#### DIPLOMA



na ang karapatan sa pagtatapos ay pinagtiyap ng Komisyon ng Lalang Mataas na Edukasyon at  
WHOSE ELIGIBILITY FOR GRADUATION HAS BEEN APPROVED BY THE COMMISSION ON HIGHER EDUCATION AND  
siya'y maaaring gumamit ng mga karapatan at pribilehiyong nauukol sa tinirang titulo  
WHO IS ENTITLED TO ENJOY ALL THE RIGHTS AND PRIVILEGES PERTAINING TO THE DEGREE

Nilagayan sa Lungsod ng Pagadian, Pilipinas, ngayong ika 22

GIVEN AT PAGADIAN CITY, PHILIPPINES THIS 22<sup>nd</sup>

Ng May dalawang

libo'y dalawang puyit

DAY OF MAY TWO

THOUSAND TWENTY ONE

Per Special Order ( ) No. 30-140424-0001 s. 2021

Dated: June 29, 2021

MARIO F. ALAYON, PhD  
(Dean)

FR. NESTOR B. HEMASOD, STL, PhD  
(School President)

06924700



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121148492097
REGISTRATION TRACKING NUMBER	915179513760

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	AMANTE	MARY JOY		SABROSO	<input type="checkbox"/>
FATHER	AMANTE	JOHNNY		SOLATORIO	<input type="checkbox"/>
MOTHER (Maiden Name)	SABROSO	MARY JANE		TABAMO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AMANTE	MARY JOY		SABROSO	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/04/1995		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
MAHAYAG, ZAMBOANGA DEL SUR			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, Serial/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
					+63 (0909) 8229008
Subdivision		Barangay		Business (Direct Line)	
		BALAMBAN			
Municipality/City		Province/State/Country		Business (Trunk Line)	
MAHAYAG		ZAMBOANGA DEL SUR, PHILIPPINES			
ZIP Code				Email Address	
7026				maryjoyamante17@yahoo.com	
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.	Street Name		Subdivision		Barangay
38	SGT PASCUA				BAGONG ILOG
Municipality/City		Province/State/Country		ZIP Code	
PASIG CITY		PHILIPPINES		1605	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

TEN COMMANDMENTS BUILDING, 689 RIZAL AVENUE EXTENSION CALOOCAN CITY

441-7442

www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

Philhealth Identification Number (PIN) : 142517934614
Member Category : FORMAL ECONOMY
Sub-Category : PRIVATE
NHTS Coverage : EXISTING
Effectivity Period : 1/1/2021 - 12/31/2021

AMANTE, MARY JOY SABROSO
38 SGT PASCUA ST, BAGONG ILOG,
PASIG CITY, SECOND DISTRICT

Foreign Address : N/A
Sex : Female
Date of Birth : 09/04/1995
Place of Birth : MAHAYAG, ZAMBOANGA DEL SUR
Contact No. (Foreign) : N/A
Civil Status : SINGLE
(Local) :
Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 200776300422
Name of Employer/Organized Group : TELEPHILIPPINES INCORPORATED
Business Address : 14F OCTAGON BLDG SAN MIGUEL AVE ORTIGAS CTR, SAN ANTONIO, PASIG CITY, SECOND DISTRICT
Telephone Number : 6329000
Tax Identification Number : 004639744

DEPENDENT INFORMATION

Table with 7 columns: PIN, Surname, Given Name, Middle Name, Sex, Relation, Date of Birth. Row 1: 142526546155, OCAMPOS, SEBASTIEN FORD, AMANTE, Male, Son, 9/19/2019

\*\*\* NOTHING FOLLOWS \*\*\*

ALBERTO C. MANDURIAO
BRANCH MANAGER
PRO NCR North Manila

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital(Reminder: 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 photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.
3/13/2023 5:02:02 PM 20052398 20124199 / 20801228 / 10/29/2015 9/24/2019



Layers

Google



## AMANTE, MARY JOY SABROSO

SS Number: 10-1141801-7 | CRN Number: 0111-5350513-4

Your password will expire on May 24, 2024 | Your last login was on Nov 26, 2023 7:20:36 PM thru the SSS Website

[HOME](#)[MEMBER INFO](#)[INQUIRY](#)[BENEFITS](#)[LOANS](#)[SERVICES](#)[PAYMENT REFERENCE NUMBER \(PRN\)](#)[LOGOUT](#)

### Update Contact Information

#### Data Input

#### Member Basic Information

SS NUMBER 10-1141801-7	MEMBER'S NAME (Last Name, First Name Suffix Middle Name) AMANTE, MARY JOY SABROSO	
DATE OF BIRTH(mm/dd/yyyy) 09/04/1995	DATE OF COVERAGE(mm/dd/yyyy) 11/01/2015	MEMBERSHIP TYPE Employee
HOME ADDRESS BAG-ONG BALAMBAN MAHAYAG ZAMBOANGA DEL SUR 7026		

#### Online Correction (Check appropriate box/es ONLY IF there is/are change/s.)

<input type="checkbox"/>	MAILING ADDRESS BAG-ONG BALAMBAN MAHAYAG ZAMBOANGA DEL SUR 7026
<input type="checkbox"/>	FOREIGN ADDRESS
<input type="checkbox"/>	TELEPHONE NUMBER (Provider, Area Code, Tel No.)
<input type="checkbox"/>	MOBILE NUMBER 0965-996-0919
<input type="checkbox"/>	EMAIL ADDRESS mariya.amante1@gmail.com



**TIN VERIFICATION SLIP**  
**RDO 041-MANDALUYONG**

**\*\* PLEASE WRITE IN CAPITAL LETTERS\*\***  
**\*\* PLEASE ATTACHED ONE VALID I.D. W/ BIRTHDATE**

LAST NAME (APELYIDO)

Amante

FIRST NAME (PANGALAN)

Mary Joy

MIDDLE NAME (GITNANG PANGALAN)

Sabroso

MAIDEN NAME (PANGALAN SA PAGKADA-AGA)

BIRTH DATE (MONTH, DATE, YEAR)

September 4, 1995

\*\* To be filled up by BIR personnel

TIN NO.

480-629-587

RDO CODE

RDO 42 - San Juan

TAXPAYER TYPE

WOL EMP

REMARKS

NO EXISTING TIN  
INVALID TIN  
MULTIPLE TIN  
IN-ACTIVE TIN

OTHERS

ACTIVE

BUREAU OF INTERNAL REVENUE  
RDO 41-Mandaluyong City  
VERIFIED BY:  
**TIN VERIFIED**  
Revenue Officer  
RDO 041 MANDALUYONG  
DATE 16 MAR 2023  
BY: [Signature]

Note: Hereby authorize the BIR to collect/process/update/access my personal data pursuant to the provisions of Republic Act No. 10173  
Philippines Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulation  
Please Provided Special Power of Attorney if Transacting thru a Representative