



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40007803

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.
Q610IEOE10-ND4614865
FAMILY NAME
QUIRABO
MIDDLE NAME
ABENASA
ADDRESS
PUROK 6 BRGY CUBACUB MANDAUE CITY CEBU
DATE OF BIRTH
September 15, 2001
CITIZENSHIP
FILIPINO
PURPOSE
MULTI-PURPOSE CLEARANCE

VALID UNTIL
May 13, 2025
FIRST NAME
ELLINE
HUSBAND'S SURNAME

PLACE OF BIRTH
MANDAUE CITY CEBU
CIVIL STATUS
SINGLE



SIGNATURE
Elline Quirabo

GENDER
FEMALE

REMARKS
NO RECORD ON FILE



Date Printed: Monday, 13 May 2024 11:14 am



Q610IEOE10-ND4614865

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency	ND4	DATID	minguezj
CASID	minguezj	BIGID	minguezj
O.R. No.	MP2TRQIGJ9	RECID	
O.R. Date	05/13/2024 11:12:19 am	INTID	
DST PAID		PRTID	minguezj



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PERSONAL COPY



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DST PAID		PRTID	minguezj



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, GOLDEN PEAK TOWER, GORORDO AVE., COR. ESCARIO ST., CEBU CITY 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (FAX) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-253572127-9** PhilSys Card Number :
 Member Type : **62 - DIRECT CONTRIBUTOR - NHTS Coverage : N/A**
SELF EARNING INDIVIDUAL - Validity Period : N/A
INDIVIDUAL

QUIRABO, ELLINE ABENASA
CUBACUB, MANDAUE CITY, CEBU - 6014

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 09/15/2001
 Place of Birth : MANDAUE CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 09620520873 Tax Identification Number : N/A

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address :

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
*** NO DECLARED DEPENDENTS ***						

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

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang 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. Printed At: Mandaue - Wireless Plaza, Lopez Jaena corner Logarta Streets, Subangdaku, 6014, Mandaue City

05/13/2024 01:03:42 PM 30815923 30815923 / 05/13/2024



(Copy for OCRG)

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 Cebu
City/Municipality Mandaue City Registry No. 4080

CHILD	1. NAME (First) (Middle) (Last) <u>Ellie</u> <u>Benasa</u> <u>Quirabo</u>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15</u> <u>September</u> <u>2001</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Galaxy, Maguikay, Mandaue City</u>		
	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
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) <u>1</u>		d. WEIGHT AT BIRTH <u>2495</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>Rholl</u> <u>Ygot</u> <u>Benasa</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>
FATHER	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>20</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Galaxy, Maguikay, Mandaue City</u>		
	13. NAME (First) (Middle) (Last) <u>Rito</u> <u>Sta. Ana</u> <u>Quirabo</u>		
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>20</u> years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
March 5, 2001 Baan Bantayan Cebu

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:15 AM o'clock am/pm on the date stated above.

Signature [Signature] Address A. Cortes Avenue, Mandaue City
Name in Print Rosa Milagros Quirabo Date 9-15-2001
Title or Position Midwife

20. INFORMANT
Signature [Signature] Address Galaxy, Maguikay, Mandaue City
Name in Print Rito Quirabo Date 9-15-2001
Relationship to the child Father

21. PREPARED BY
Signature [Signature]
Name in Print Rosa Milagros Quirabo
Title or Position Midwife
Date 9-15-2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print City Civil Registrar
Title or Position
Date OCT 03 2001

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 10705

48 1

49 2 50 150920

55 1

61 1

62 1 64 2495

68 1 69 1

70 1 72 1 74 20

76 220 78 20

87 22301

88 1 89 1

90 999 91 20

93 000029

94 1

05987-ED-400ADT-01275-BI001

BReN
02230-B01TF03-4

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

Documentary
Stamp Tax Paid





Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education



REHIYON VII
REGION VII

SANGAY NG MANDAUE CITY
DIVISION OF MANDAUE CITY

PUROK NG WEST SECONDARY
DISTRICT OF WEST SECONDARY

CANDUMAN NATIONAL HIGH SCHOOL

Pinatutunayan nito na si
This certifies that

ELLINE A. QUIRABO

Learner Reference Number (LRN): **120010070338**

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School
has satisfactorily completed the requirements for graduation in Senior High School

ACADEMIC

TRACK

ABM

STRAND


na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong
prescribed for Secondary Schools of the Department of Education and is therefore awarded this

KATIBAYAN

DIPLOMA

Nilagdaan sa Siyudad ng Mandaue, Cebu, Pilipinas nitong ika-3 ng Abril 2020.

Signed in Mandaue City, Cebu, Philippines on the 3rd day of April, 2020.

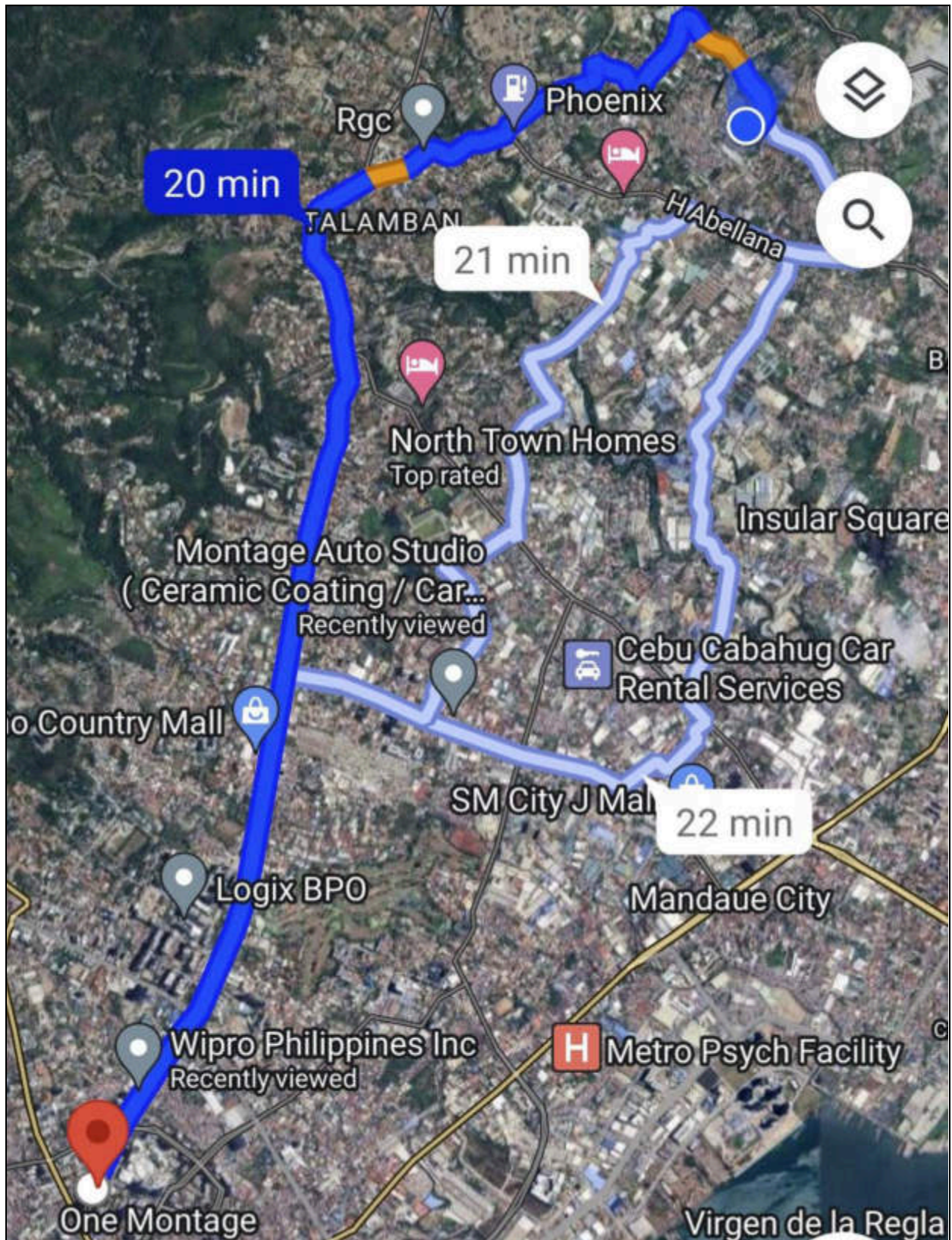

SALVACION O. ROILES, EdD

Punongguro
Principal


NIMFA D. BONGO EdD, CESO V

Pansangay na Tagapamanihala ng mga Paaralan
Schools Division Superintendent

SKETCH OF RESIDENCE



SSS MANDAUE BRANCH
EMPLOYEE STATIC INFORMATION

Date: **MAY 13 2024**

NAME : ELLINE ABENASA QUIRABO SSS No. 35-1966150-0
E-1 Flag Status : PERMANENT TEMPORARY PRIOR REGISTRATION (No Employment Record)

If SSS number is TEMPORARY, please submit ANY of the following (as stated below) as soon as possible to avail of your SSS benefits to wit:

3. Birth Certificate or in its absence, any of the following ID Cards and/or documents:
-Baptismal Certificate -Driver's License -Passport -PRC Card -Seaman's Book
2. In the absence of the above ID Cards, any two (2) Identification Cards, both with correct name and at least one (1) with date of birth

For on line verification and print-outs , please register and log-on to: www.sss.gov.ph

Received by: 
Gizelle Marie R. Chan
SSS Mandaue