

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF MARRIAGE

Province **CEBU** Registry No. **2021-105**
City/Municipality **CONSOLACION**

		HUSBAND				WIFE			
1 Name of Contracting Parties	(First)	RICKY				ALIRENE JANE			
	(Middle)	RAFAL				BITOCA			
2a. Date of Birth 2b. Age	(Last)	NOVAN				SINING			
	(Day)	(Month)	(Year)	(Age)	(Day)	(Month)	(Year)	(Age)	
		21	APRIL	1992	28	22	APRIL	1997	23
3 Place of Birth		ZAMBOANGUITA, NEGROS ORIENTAL, Philippines				ESCALANTE CITY NEG. OCCIDENTAL, Philippines			
4a. Sex 4b. Citizenship		Male Filipino				Female Filipino			
5. Residence		LAMAC, CONSOLACION, CEBU PHILIPPINES				LAMAC, CONSOLACION, CEBU PHILIPPINES			
6 Religion/ Religious Sect		BORN AGAIN CHRISTIAN				BORN AGAIN CHRISTIAN			
7 Civil Status		Single				Single			
8. Name of Father		(First)	(Middle)	(Last)	(First)	(Middle)	(Last)		
		ROLAND	Din-ay	NOVAN	RODOLFO	Villacampo	SINING		
9. Citizenship		Filipino				Filipino			
10. Maiden Name of Mother		(First)	(Middle)	(Last)	(First)	(Middle)	(Last)		
		ROGELIA	Eliana	RAFAL	HELEN	Clarita	BITOCA		
11. Citizenship		Filipino				Filipino			
12. Name of Parents Who Give Consent or Advice		(First)	(Middle)	(Last)	(First)	(Middle)	(Last)		
		N/A				Mr. & Mrs. Rodolfo Sinning			
13. Relationship		N/A				Parents			
14. Residence		N/A				Escalante City Neg. Occidental Philippines			
15. Place of Marriage		REVIVAL CHRISTIAN MINISTRY PHILIPPINES INT'L. CONSOLACION <small>(Office of the House of Barangay of Church of Mosque of)</small>				CEBU <small>(Province)</small>			
16. Date of Marriage		(Day)	(Month)	(Year)	17. Time of Marriage				
		09	APRIL	2021	3 pm				
18. CERTIFICATION OF THE CONTRACTING PARTIES THIS IS TO CERTIFY, THAT I, RICKY R. NOVAN and ALIRENE JANE B. SINING both of legal age, of our own free will and accord, and in the presence of the person solemnizing the marriage and of the witnesses named below, take each other as husband and wife and certifying further that we <input type="checkbox"/> have entered, a copy of which is hereto attached; <input checked="" type="checkbox"/> have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed (marked with our fingerprint) this certificate in quadruplicate this 09 day of APRIL 2021.									
<i>[Signature]</i> RICKY R. NOVAN <small>(Signature of Husband)</small>					<i>[Signature]</i> ALIRENE JANE B. SINING <small>(Signature of Wife)</small>				
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: <input checked="" type="checkbox"/> a Marriage License No. 239886 issued on MARCH 15, 2021 at CONSOLACION in favor of said parties, was exhibited to me. <input type="checkbox"/> b no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 208. <input type="checkbox"/> c the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1063. Licence Registry No: 2021-25H93EX95P-2023									
<i>[Signature]</i> Rev. Sulpicio A. Remedios - Senior Pastor <small>(Signature Over Printed Name of Solemnizing Officer)</small>					CHRIST THE LIVING WATER HARVEST CENTER CORP. <small>(Name of Minister, Sec. Register) No. 11111111111111111111</small>				
20a. WITNESSES (Print Name and Sign): JOHN JHON PAREJA / ROSALIE PAREJA / RAYMONDO FELICIA / LORETA FELICIA									
21. RECEIVED		<i>[Signature]</i> KEASTINE DALE C. COLANAG <small>CLERK</small>				<i>[Signature]</i> ELOISE Q. CUYOS <small>Municipal Civil Registrar</small>			
		APR 12 2021				APR 12 2021			
REMARKS/ANNOTATION: APR 12 2021									

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

08571-41-400MMC-02594-MD01
BEST POSSIBLE IMAGE

T001085714000259406202023001



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



WITNESSES (Print Name and Sign)

ERENEO SERRANO / MARIA SOCORRO

MICHAEL DELLEGUE / MITCHELLE DELLEGUE

ALFREDO BRIGOLE / CRISTINA CATARMAN

AFFIDAVIT OF SOLEMNIZING OFFICER

I, _____ of legal age, Solemnizing Officer of _____ with address at _____ after having sworn to in accordance with law, do hereby depose and say:

- That I have solemnized the marriage between _____ and _____
- a That I have ascertained the qualifications of the contracting parties and have found no legal impediment for them to marry as required by Article 34 of the Family Code.
 b That this marriage was performed in articulo mortis or at the point of death;
 c That the contracting party/ies _____ and _____ being at the point of death and physically unable to sign the foregoing certificate of marriage by signature or mark, one of the witnesses to the marriage, sign for him or her by writing the dying party's name and beneath it, the witness' own signature preceded by the preposition "By";
 d That the residence of either party is so located that there is no means of transportation to enable concerned party/parties to appear personally before the civil registrar;
 e That the marriage was among Muslims or among members of the Ethnic Cultural Communities and that the marriage was solemnized in accordance with their customs and practices.
- That I took the necessary steps to ascertain the ages and relationship of the contracting parties and that neither of them are under any legal impediment to marry each other.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of the Solemnizing Officer
SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert _____ issued on _____ at _____

Signature of the Administering Officer Position/Title/Designation
Name in Print Address

AFFIDAVIT FOR DELAYED REGISTRATION OF MARRIAGE

I, _____ of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after having duly sworn in accordance with law do hereby depose and say:

- That I am the applicant for the delayed registration of
 my marriage with _____ in _____ on _____
 the marriage between _____ and _____ in _____ on _____
- That said marriage was solemnized by _____ (Solemnizing Officer's name) under
 religious ceremony civil ceremony Muslim rites tribal rites
- That the marriage was solemnized:
 a with marriage license no _____ issued on _____ at _____
 b under Article _____ (marriages of exceptional character).
- (If the applicant is either the wife or husband) That I am a citizen of _____ and my spouse is a citizen of _____
(If the applicant is other than the wife or husband) That the wife is a citizen of _____ and the husband is a citizen of _____
- That the reason for the delay in registering our/their marriage is _____
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of Affiant
SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert _____ issued on _____ at _____

Signature of the Administering Officer Position/Title/Designation
Name in Print Address



08571-41-400MMC-02594-MI001



T001085714000259406202023001

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





E-1

COV-01199 (03-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

Annex A

SS NUMBER

06-3761162-6

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

Form section A containing fields for NAME (LAST, FIRST, MIDDLE, SUFFIX), DATE OF BIRTH, GENDER, CIVIL STATUS, TAX IDENTIFICATION NUMBER, NATIONALITY, RELIGION, PLACE OF BIRTH, HOME ADDRESS, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER, FATHER, and MOTHER'S MAIDEN NAME.

B. BENEFICIARY/IES

Form section B containing fields for SPOUSE, CHILD/REN (1-5), and OTHER BENEFICIARY/IES (1-2) with sub-fields for LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX, RELATIONSHIP, and DATE OF BIRTH.

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

Form section C containing fields for SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), and NON-WORKING SPOUSE (NWS) with sub-fields for Profession/Business, Foreign Address, SS No./Common Reference No., Monthly Earnings, and membership application options.

D. CERTIFICATION

I certify that the information provided in this form are true and correct. (If registrant cannot sign affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

PRINTED NAME, SIGNATURE, DATE

RIGHT THUMB, RIGHT INDEX fingerprint boxes

PART II - TO BE FILLED OUT BY SSS

Form section II containing fields for BUSINESS CODE, WORKING SPOUSE'S MSC, MONTHLY SS CONTRIBUTION, START OF PAYMENT, RECEIVED BY, and RECEIVED & PROCESSED BY.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121159426364
REGISTRATION TRACKING NO.	915328965963

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	NOVAL	RICKY		RAFAL	<input type="checkbox"/>
FATHER	NOVAL	ROLANDO		DINI-AY	<input type="checkbox"/>
MOTHER (Maiden Name)	RAFAL	ROGELIA		ELLIMA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NOVAL	RICKY		RAFAL	<input type="checkbox"/>
DATE OF BIRTH 04/21/1992		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH ZAMBOANGUITA, NEGROS ORIENTAL			CITIZENSHIP FILIPINO		SSS NUMBER 0637611626
SEX MALE	HEIGHT (cm) 0 00	WEIGHT (kg) 0 00	PROMINENT DISTINGUISHING FACIAL FEATURES		
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 (0932) 5802571
Subdivision			Barangay FATIMA JUBAY		Business (Direct Line)
Municipality/City LILIGAN			Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code 6002			Email Address gakyu@yahoo.com		
PRESENT HOME ADDRESS					
Unit/Room No. Floor		Building Name		Lot No.	Block No.
House No.		Street Name		Phase No.	
Subdivision			Barangay FATIMA JUBAY		
Municipality/City LILIGAN			Province/State/Country CEBU, PHILIPPINES		ZIP Code 6002
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		



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) : **12-025483324-5** PhilSys Card Number :
Member Type : **DIRECT CONTRIBUTOR - EMPLOYED PRIVATE** NHTS Coverage : **N/A**
Validity Period : **N/A**

NOVAL, RICKY RAFAL

FATIMA, JUBAY, LILOAN, CEBU - 6002

Foreign Address : **N/A** Sex : **MALE**
Date of Birth : **04/21/1992**
Place of Birth : **ZAMBOANGUITA, NEGROS ORIENTAL**
Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
(Local) : **09325802571** Tax Identification Number : **N/A**

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **012000008657**
Name of Employer/Organized Group : **QUALFON PHILIPPINES INCORPORATED**
Business Address : **1F 5-7F 9-12F 14-15F SKYRISE BLDG 3 ASIATOWN IT PARK, LAHUG (POB), CEBU CITY, CEBU - 6000**
Telephone Number : **N/A** Employment Status : **EMPLOYED**
Tax Identification Number : **244963876000** Date : **07/14/2021**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** 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: CEBU CITY - CEBU

05/13/2024 12:46:38 PM 35806122 71000050 / 11/23/2015 / AUTOSYNC / 10/31/2023



Certificate of Compensation Payment/Tax Withheld



BIR Form No. **2316**

January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) **2023** 2 For the Period From (AM/DD) **01/01** To (AM/DD) **10/07**

Part I - Employee Information

3 TIN **713 484 302 000**

4 Employee's Name (Last Name, First Name, Middle Name) **NOVAL, RICKY, RAFAL** 5 RDO Code **123**

6 Registered Address **Baybayon 1** 6A Zip Code **6002**

6B Local Home Address 6C Zip Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **04/21/1992** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **244 963 876 000**

13 Employer's Name **QUALFON PHILS. INC. CEBU**

14 Registered Address **Skyrise 3, Qualfon Building, Asiatown IT Park, Lahug** 14A Zip Code **6000**

15 Type of Employee Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **365,541.53**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **155,519.38**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **210,022.15**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **210,022.15**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount

27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **0.00**

28 Holiday Pay (MWE) **0.00**

29 Overtime Pay (MWE) **0.00**

30 Night Shift Differential (MWE) **0.00**

31 Hazard Pay (MWE) **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **90,000.00**

33 De Minimis Benefits **17,342.62**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **8,868.60**

35 Salaries and Other Forms of Compensation **39,308.16**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **155,519.38**

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **132,720.99**

38 Representation **0.00**

39 Transportation **4,091.38**

40 Cost of Living Allowance (COLA) **0.00**

41 Fixed Housing Allowance **0.00**

42 Others (Specify)

42A **OA BIR** **2,310.00**

42B **0.00**

SUPPLEMENTARY

43 Commission **0.00**

44 Profit Sharing **0.00**

45 Fees Including Director's Fees **0.00**

46 Taxable 13th Month Benefits **15,623.37**

47 Hazard Pay **0.00**

48 Overtime Pay **25,557.03**

49 Others (Specify)

49A **29,719.38**

49B **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **210,022.15**

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 **METHYL TAER**
Present Employer/ Authorized Agent Signature over Printed Name

CONFORME: **NOVAL, RICKY, RAFAL**
Employee Signature over Printed Name

CV/Valid ID No. of Employee **QUALFON OFFICE** Place of Issue

Date Signed **11/13/2023**

Date Signed **11/29/2023**

Amount Paid, if CTC

Date of Issue

53 **Present Employer/ Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)**

54 **Employee Signature over Printed Name**

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



CERTIFICATION

This is to certify that Ricky Rafal Noval was regular employee of Qualfon Philippines Inc. He occupied the position of **Customer Service Representative** from **July 14, 2021** to **October 07, 2023**. He has been cleared from all accountabilities and liabilities.

This certification is being issued upon the request of **Mr. Noval** for whatever purpose it may serve.

Done in Cebu City, Philippines this 17th day of **November 2023**.


EDGARDO P. ABRAHAM JR.
Senior Manager Person Office

Please send email for verification to PODataManagement@qualfon.com

(To be accomplished in Triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Negros Oriental
CITY/MUNICIPALITY Dumaguete City

LOCAL CIVIL REGISTRY NO 93/908

1. NAME (First) (Middle) (Last) RICKY RAYAL NOVAL		
2. SEX (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		DATE OF BIRTH (Day) (Month) (Year) 21 April 1992
4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) (City/Municipality) (Province) Negros Oriental Provincial Hospital Dumaguete City		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Three or more		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third, 4th, etc.
6. MOTHER'S NAME (First) (Middle) (Last) Rogelia Ellima Rafal		7. NATIONALITY Filipino
9. FATHER'S NAME (First) (Middle) (Last) Rolando Dini-ay Novan		11. RELIGION Born Again
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) Date November 10, 1991 Place Cebu City		
13. CERTIFICATE OF ATTENDANT OF BIRTH I, <u>Anita G. Igosa</u> hereby certify that I attended the birth of the child who was born alive at <u>7:56</u> o'clock <u>a.m.</u> on the date stated above. Signature <u>Anita G. Igosa</u> Address <u>Negros Oriental Provincial Hospital</u> Name in print ANITA G. IGOSA, M.D. <u>Dumaguete City</u> Title or position <u>Rural Health Physician</u> Date <u>April 21, 1992</u>		
14. MOTHER'S SIGNATURE Signature <u>Rogelia</u> Address <u>Dumandan, Zamboangita,</u> Name in print ROGELIA NOVAL <u>Negros Oriental</u> Relationship to child <u>Mother</u> Date <u>April 23, 1992</u>		
15a. PREPARED BY Signature <u>Aphrodestia A. Miraylon</u> Name in print APHRODESTIA A. MIRAYLON Title or position <u>Medical Records Librarian</u> Date <u>April 27, 1992</u>		
15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>Susanny Larena Jr MD, CPH, MPH</u> Name in print SUSANNY LARENA JR MD, CPH, MPH Title or position <u>Local Civil Registrar</u> Date <u>APR 30 1992</u>		
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT <u>tbx</u>		b. DATE WHEN INFORMATION WAS SUPPLIED 3100

Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the office of the Local Civil Registrar.

PROVINCE Negros Oriental Local Civil Registry 920/218 Registrar 2

CITY/MUNICIPALITY Dumaguete City

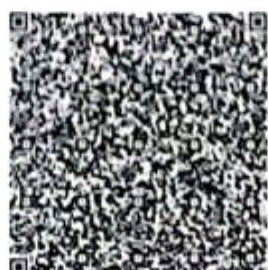
17. Weight of Birth (in grams) <u>3,120 gms.</u> <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	18. Birth Order of Child <u>first</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
19a. Total Number of Children Born Alive <u>1</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	19b. How many children are now living including this birth? <u>1</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
19c. How many children were born alive but are now dead? <u>0</u> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
20. Usual Occupation <u>Housekeeper</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	21. Age at the time of this birth <u>23</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
22. Usual Residence <u>Dumandan, Zamboangita, Neg.Or.</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
23. Usual Occupation <u>Helper</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	24. Age at the time of this birth <u>27</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
25. Attendant of Birth (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Priest <input type="checkbox"/> 5 Other	
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <u>21/04/92</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Place of Birth <u>Dumaguete City</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Mother's Nationality <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2
Father's Nationality <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	
NAME OF CHILD F M L <u>RICKY RAYAL NOVAL</u>	

OFFICE OF THE LOCAL CIVIL REGISTRAR

MARICELA ORLANDO
Assistant Medical Superintendent
Civil Registrar Services

PURSUANT TO THE DECISION RENDERED BY CCR CARLO M. CUAL DATED MARCH 24, 2023 AND AFFIRMED BY CRG UNDER OCRG NO. 23-2428597, THE CHILD'S AND FATHER'S LAST NAMES ARE HEREBY CORRECTED TO "NOVAL".

08725-59-400JDB-02078-B1001
BEST POSSIBLE IMAGE
T001087254000207811212023001



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

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2023-08470
City/Municipality MANDAUE CITY	

CHILD	1 NAME (First) (Middle) (Last) PAUL JIREH SININING NOVAL		
	2 SEX (Male / Female) MALE	3 DATE OF BIRTH (Day) (Month) (Year) 17 OCTOBER 2023	
	4 PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. St. Barangay) (City/Municipality) (Province) EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL JAGOBIAO MANDAUE CITY CEBU		
	5a. TYPE OF BIRTH (Single Twin Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST

MOTHER	7 MOTHER NAME (First) (Middle) (Last) ALIRENE JANE BITOCA SININING			
	8 CITIZENSHIP FILIPINO	9 RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN		
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE
	12. AGE at the time of this birth (completed years) 26			
13 RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country) PUROK 2, SAN ROQUE, LAMAC CONSOLACION CEBU PHILIPPINES				

FATHER	14 NAME (First) (Middle) (Last) RICKY RAFAL NOVAL		
	15 CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN	17. OCCUPATION CALL CENTER ASSISTANT/REPRESENTATIVE
	18. AGE at the time of this birth (completed years) 31		
	19 RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country) PUROK 2, SAN ROQUE, LAMAC CONSOLACION CEBU PHILIPPINES		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) APRIL 9, 2021	20b. PLACE (City / Municipality) (Province) (Country) CONSOLACION CEBU PHILIPPINES
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21a ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **09:41 PM** am/pm on the date of birth specified above.

Signature: *[Signature]*
Name in Print: **LALAINA MELFE R. DELA BAJAN, MD, FPOGS**
Title or Position: **OBSTETRICIAN/GYNECOLOGIST**
Address: **C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU**
Date: **OCTOBER 19, 2023**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: *[Signature]*
Name in Print: **RICKY R. NOVAL**
Relationship to the Child: **FATHER**
Address: **PUROK 2, SAN ROQUE, LAMAC, CONSOLACION, CEBU**
Date: **OCTOBER 19, 2023**

23. PREPARED BY

Signature: *[Signature]*
Name in Print: **APRIL JANE B. OPPUS**
Title or Position: **DATA CONTROLLER II**
Date: **OCTOBER 19, 2023**

24 RECEIVED BY

Signature: *[Signature]*
Name in Print: **ANALIZA P. FONTANOZA**
Title or Position: **OFFICE AIDE**
Date: **OCT 27 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: *[Signature]*
Name in Print: **THELMA C. CRISOLOGO**
Title or Position: **CITY CIVIL REGISTRAR**
Date: **OCT 27 2023**

REMARKS (For use only if there are corrections, deletions, or additions) (CRO/OCR Use Only)



A CERTIFIED TRUE COPY
FOR AND IN BEHALF OF THE CITY CIVIL REGISTRAR
ARMAND A. GARCIA
Administrative Aide IV

TO BE FILLED ONLY AT THE OFFICE OF THE CIVIL REGISTRAR

8 0 1 3 0 2 2 1 9 0 1 3 6 4 2 2 6 0 8 0 2 2 1 9



Republic of the Philippines
 Province of Cebu
 Municipality of Consolacion
BARANGAY LAMAC



OFFICE OF THE PUNONG BARANGAY

Tel. No. 407-8147 e-mail address: barangaylamac@gmail.com

BARANGAY OFFICIALS:



HON. NESTOR MAGLASANG
 Punong Barangay

HON. ROY C. ERMAC
 Barangay Kagawad

Chairman Committee on Peace and Order

HON. RICKSON BIEN P. ERMAC
 Barangay Kagawad

Chairman Committee on Health
 Chairman Committee on Finance

HON. RONALD Q. DAYDAY
 Barangay Kagawad

Chairman Committee Infrastructure
 and Public Works
 Chairman Committee on Land Use

HON. MARTIN M. COLUMBIO
 Barangay Kagawad

Chairman Committee on Ways and Means
 Vice-Chairman on Peace and Order

HON. MARITES D. SYGACO
 Barangay Kagawad

Chairman Committee on Women, Children,
 Senior Citizen and PWD

HON. MARIO A. DICO
 Barangay Kagawad

Chairman Committee on Education

HON. LEAZETH C. OMAÑA
 Barangay Kagawad

Chairman Committee on Agriculture and
 Environmental Protection

HON. SHAINNA FAYE D. SALIBONGCOGON
 SK Chairman

Chairman Committee on Sports & Youth Development

MS. NHOVA JEAN D. SENING
 Barangay Secretary

MRS. GINA D. ORTIZ
 Barangay Treasurer

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that RICKY NOVAL,
 O Male O Female, O Single O Married O Widow 32 years old,
 is a bonafide resident of Sitio San Roque, Purok-2 Lamac,
 Consolacion, Cebu, Philippines. He/She has no derogatory record in
 our barangay.

This certification is issued upon the request of the above-
 mentioned person for the following purposes.

For **EMPLOYMENT** purposes

Issued this 14th day of May, 2024 at Lamac,
 Consolacion, Cebu, Philippines.

Signature of Applicant

OR No. 4531593
 Amount Paid P45.00
 Com. Tax No. 20376876
 Place Issued Lamac, Consolacion, Cebu
 Date Issued May 14, 2024
 Doc. Stamp P30.00

NESTOR MAGLASANG
 Punong Barangay

INVALID WITHOUT OFFICIAL DRY SEAL



Republic of the Philippines

Cebu Technological University

Danao City Campus, Sabang, Danao City, Cebu, Philippines
Member: Accrediting Agency of Chartered Colleges & Universities
of the Philippines, Inc. (AACCUPI)



TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME
Be it known that

RICKY R. NOVAKI

having satisfactory completed the Two-Year (First Ladder) of the Four-Year Curriculum leading to Bachelor of Science in Industrial Technology, 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 CERTIFICATE of


CERTIFICATE IN INDUSTRIAL TECHNOLOGY With Specialization in COMPUTER TECHNOLOGY)

with all the rights, honors, and privileges thereunto appertaining. In testimony whereof the seal of the Cebu Technological University and the signatures of the Registrar, the Campus Director, and the President are herunto affixed. Given in Danao City, Cebu, Philippines this 25th day of March, 2015.




ROSEMARIE N. ABAYON
Registrar II


AQUILINO M. ENRIQUEZ, Ph. D.
Campus Director


ROSEIN A. ANCHETA, JR., D.M., Ph. D.
University President