



Municipal Form No. 102 (Revised January 1993)

(Copy for OCRG)

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

REMARKS/ANNOTATION REGISTERED: 10/26/98

Province Cebu City/Municipality Santander Registry No. 98-203

1. NAME (First) Middle Last Geraldine dela Peña Montecino

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 10, October 1998

4. PLACE OF BIRTH Name of Hospital/Clinic/Institution/ House No., Street, Barangay, (City/Municipality) (Province) Idptong, Santander, Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS First Second Third Other, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 3rd. d. WEIGHT AT BIRTH 7.72 grams

6. MAIDEN NAME (First) (Middle) (Last) Brangelina Labasa dela Peña

7. CITIZENSHIP FIL. 8. RELIGION R.C.

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Idptong, Santander, Cebu

13. NAME (First) (Middle) (Last) Antonio Malina Montecino

14. CITIZENSHIP FIL. 15. RELIGION R.C.

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

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) November 25, 1994 Santander, Cebu

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

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of this child who was born alive at 11:00am on the date stated above.

Signature: [Signature] Address: 211, Santander, Cebu Date: 10/20/98

20. INFORMANT Signature: Brangelina Montecino Address: Idptong, Santander, Cebu Date: 10/20/98

21. PREPARED BY Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: 10/20/98

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: 10/20/98

Table with 10 columns and 10 rows for data entry, containing numbers and dates.

05176-11-400MPD-01489-BI008

BEST POSSIBLE IMAGE



T400051764000148903042014008 Q1800045775

BRen [02245-A98VA01-1]

Documentary Stamp Tax Paid

Carmelita N. ERICTA Administrator and Civil Registrar General National Statistics Office



Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name MONTECALVO, GERALDINE DELA PEÑA

To our valued member,

You are now registered with Pag-IBIG Fund.

Your Tracking No. (RTN) 9192 7709 1648

Membership Identification no. (MID) 1212 6098 7899

The No. is to be used in all your transactions with the Fund. Thank you for your continued support to the Fund.

ORIGINAL DOC SEEN

Very truly yours,

BY: _____

MS. PORTIA V. BACALISE
COD, Marketing & Enforcement Div.

DATE: 7/10/14

7955.0



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-025862538-8

**MONTECALVO, GERALDINE
DELAPEÑA**

OCTOBER 10, 1998 - FEMALE
LIP-TONG SANTANDER, CEBU - 6026

Geraldine
Signature



1 2 0 2 5 8 6 2 5 3 8 8

INFORMAL ECONOMY

10-39



BUREAU OF INTERNAL REVEUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 755-790-340
LAST NAME: MONTECALVO ✓
FIRST NAME: GERALDINE ✓
MIDDLE NAME: DELA PEÑA ✓
DATE OF BIRTH: OCTOBER 10, 1998 ✓
ADDRESS: SAN E AGUSTINE MABOLO CEBU CITY
RDO: 080

TAXPAYER
CLASSIFICATION: 10-42 Local Employee

Atty. Misael M. Canvero
BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE



E-1

COV-01214 (09-2015)

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

SS NUMBER **06-4366524-2**

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

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
MONTECALVO	GERBALDINE	DELAPEÑA		10/10/1993
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) LIPTONG SANTANDER, CEBU		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) LIPTONG		(CITY/MUNICIPALITY) SANTANDER	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES
MOBILE/CELLPHONE NUMBER 09363872103	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
MONTECALVO	ANTONIO	MALINAO		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
DELAPEÑA	EVANGELINE	LADUAN		

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
N/A				
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1. N/A				
2.				
3.				
4.				
5.				
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)				RELATIONSHIP
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
1. - N/A				
2.				

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

SELF-EMPLOYED (SE) Profession/Business	OVERSEAS FILIPINO WORKER (OFW) Foreign Address	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse
N/A	N/A	N/A
Year Prof./Business Started	Monthly Earnings	Monthly Income of Working Spouse (P)
	P	
Are you applying for membership in the Flexi-Fund Program?	I agree with my spouse's membership with SSS.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE	

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.

GERBALDINE D. MONTECALVO
PRINTED NAME

Gerbaldine
SIGNATURE

OCT 08 2019
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH SERVICE OFFICE/FOREIGN OFFICE)
	P		JUDIE ANN C. CENTILLAS MSR - SM CITY CEBU SERVICE OFFICE
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
		SIGNATURE OVER PRINTED NAME	DATE & TIME