



Municipal Form No. 102  
(Revised January 1992)

(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 Registration No. **0003 23753**  
City/Municipality CEBU CITY

For OCRG USE ONLY:  
Population Reference No.  
[ ]

1. NAME (First) (Middle) (Last)  
JOHN CABRERA BANGYAO

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
15 AUGUST 2003

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
CEBU PUER.CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

41 [ ] [ ] [ ] [ ] [ ] [ ]

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

48 [ ] [ ]

c. BIRTH ORDER (live births and fetal deaths including this delivery)  
FIRST (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3,250 grams

49: 50 [ ] [ ] [ ] [ ] [ ] [ ]

6. MAIDEN NAME (First) (Middle) (Last)  
JANET CASAS CABRERA

56 [ ] [ ] [ ] [ ] [ ] [ ]

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive; 1  
b. No. of children still living including this birth; 1  
c. No. of children born alive but are now dead; 0

61 [ ] [ ] [ ] [ ] [ ] [ ]

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

62 [ ] [ ] [ ] [ ] [ ] [ ] 64 [ ] [ ] [ ] [ ] [ ] [ ]

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SITIO STO. NIÑO, APAS, CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
GEORGE SALCEDA BANGYAO

68 [ ] [ ] [ ] [ ] [ ] [ ] 69 [ ] [ ] [ ] [ ] [ ] [ ]

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION CADD OPERATOR 17. Age at the time of this birth: 25 years

70 [ ] [ ] [ ] [ ] [ ] [ ] 72 [ ] [ ] [ ] [ ] [ ] [ ] 74 [ ] [ ] [ ] [ ] [ ] [ ]

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

MARCH 11, 2003 CEBU CITY

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

75 [ ] [ ] [ ] [ ] [ ] [ ] 79 [ ] [ ] [ ] [ ] [ ] [ ]

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 12:53 o'clock  
on the date stated above.

81 [ ] [ ] [ ] [ ] [ ] [ ]

Signature MARY GRACE MING, M.D. CEBU PUER.CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Title or Position PHYSICIAN  
Date AUGUST 15, 2003

86 [ ] [ ] [ ] [ ] [ ] [ ] 87 [ ] [ ] [ ] [ ] [ ] [ ]

20. INFORMANT  
Signature JANET BANGYAO SITIO STO. NIÑO, APAS CEBU CITY, CEBU  
Name in Print JANET BANGYAO  
Relationship to the MOTHER  
Date AUGUST 15, 2003

88 [ ] [ ] [ ] [ ] [ ] [ ] 91 [ ] [ ] [ ] [ ] [ ] [ ]

21. PREPARED BY  
Signature MARIANILLA C. RIVERA  
Name in Print MARIANILLA C. RIVERA  
Title or Position CLERK  
Date AUGUST 15, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date [Date]

93 [ ] [ ] [ ] [ ] [ ] [ ]

94 [ ] [ ] [ ] [ ] [ ] [ ]

10010



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39997766

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  
**B520HJON30-IS1615141**

FAMILY NAME  
**BANGYAO**

MIDDLE NAME  
**CABRERA**

ADDRESS  
**5B 1ST STREET SAN ANTONIO VILLAGE APAS CEBU CITY**

DATE OF BIRTH  
**August 15, 2003**

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**

VALID UNTIL  
**May 20, 2025**

FIRST NAME  
**JOHN**

HUSBAND'S SURNAME

PLACE OF BIRTH  
**CEBU CITY**

CIVIL STATUS  
**SINGLE**



SIGNATURE

GENDER  
**MALE**



Date Printed: Monday, May 20, 2024 01:46 PM

Agency	IS	DATID	villanuevaggp
CASID	villanuevaggp	BIGID	villanuevaggp
O.R. No	MP4KBEHEAN	RECID	
O.R. Date	05/20/2024 1:43:51 PM	INTID	
DST PAID		PRTID	villanuevaggp



B520HJON30-IS1615141

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



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

TIN: 614-826-528-000

LAST NAME: Bangyao

FIRST NAME: John

MIDDLE NAME: Cabrera

DATE OF BIRTH: 08/15/03

ADDRESS: 56 1st St San Antonio Village Apas C.C

RDO: 049

TAXPAYER

CLASSIFICATION: EO-98

Glicerio V. Bacong

BIR Authorized Signature

**NOTE: PLEASE READ/ PALIHUG BASAHA**

Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE

forgot TIN