



### User Menu

[TIN Issuance for Employee Reports](#)

## Success

**GERASMIO, GLAIZA COGOLLODO** is now registered with the BIR as **Local Employee** under **Revenue District Office (RDO) 081** with Taxpayer Identification Number **396245284-0000** .

Secure your TIN card.

Receive further instructions from the RDO.

To issue TIN for another employee, please click on TIN Issuance for Employees

[Download BIR Form 1902](#)



Municipal Form No. 102  
(Revised January 1993)  
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, 6b and 19a.)

REMARKS/ANNOTATION  
299

Province Cebu Registry No. 1001-706  
City/Municipality Minglanilla

1. NAME (First) (Middle) (Last)  
GLAZIA RODRIGUEZ DELA CRUZ  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
26 April 2001  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
Paligay Minglanilla Cebu  
5a. TYPE OF BIRTH X 1 Single      2 Twin      3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS      1 First      2 Second      3 Others, Specify  
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st  
d. WEIGHT AT BIRTH 3750 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Alma            
7. CITIZENSHIP Filipino 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  
10. OCCUPATION housewife 11. Age at the time of this birth: 08 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Paligay Minglanilla Cebu

13. NAME (First) (Middle) (Last)  
Alma            
14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic  
16. OCCUPATION laborer 17. Age at the time of this birth: 08 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
April 26, 1986 Minglanilla, Cebu

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

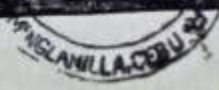
19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:20 p.m., o'clock am/pm on the date stated above.

Signature Jeinita Guzman Address Paligay, Minglanilla, Cebu  
Name in Print JEINITA GUZMAN  
Title or Position Midwife Date April 27, 2001

20. INFORMANT  
Signature Alma Guzman Address Paligay, Minglanilla, Cebu  
Name in Print ALMA GUZMAN  
Relationship to the child Mother Date April 27, 2001

21. PREPARED BY  
Signature Jeinita Guzman  
Name in Print JEINITA GUZMAN  
Title or Position Midwife  
Date April 27, 2001  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature JEANE BADAYOS  
Name in Print JEANE BADAYOS  
Title or Position REGISTRATION OFFICER  
Date April 27, 2001

2001706  
1  
2 200401  
22927  
1  
083175  
1 1  
080800  
220 54  
22327  
1 1  
999 45  
1  
3



CSM

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

37052262

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:  
G625DG0A10-LG1547546

FAMILY NAME:  
GERASMIO

MIDDLE NAME:  
COGOLLODO

ADDRESS:  
PUROK AFRICAN DAISY UPPER BRGY PAKIGNE MINGLANILLA CEBU

DATE OF BIRTH:  
April 26, 2001

CITIZENSHIP:  
FILIPINO

PURPOSE:

MULTI-PURPOSE CLEARANCE

REMARKS:

NO RECORD ON FILE

VALID UNTIL:  
February 01, 2025

FIRST NAME:  
GLAIZA

HUSBAND'S SURNAME:

PLACE OF BIRTH:  
MINGLANILLA CEBU

CIVIL STATUS:  
SINGLE



SIGNATURE

GENDER:  
FEMALE



Date Printed: Thursday, 1 February 2024 02:52 pm

Agency: LG  
CASID: omanbac  
O.R. No: 4SAJSMY  
O.R. Date: 02/01/2024 2:49:39 pm  
DST PAID

DATAID: omanbac  
BICID: omanbac  
RECID: omanbac  
UNITID: omanbac  
PRPID: omanbac



G625DG0A10-LG1547546

1936  
*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

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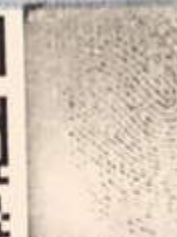
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CIVIL STATUS:  
SINGLE



SIGNATURE

GENDER:  
FEMALE



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G625DG0A10-LG1547546

1936  
*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

PERSONAL COPY

NATIONAL BUREAU OF INVESTIGATION

NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

Transaction Number: MO0533IW202106161067 Date/Time Generated: 18 June 2021 11:42:28 AM

SS NUMBER **35-0663961-3**

NAME			
(LAST NAME) <b>GERASMIO</b>	(FIRST NAME) <b>GLAIZA</b>	(MIDDLE NAME) <b>COGOLLODO</b>	(SUFFIX)

FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY) <b>04262001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>MINGLANILLA</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>GERASMIO</b>	(FIRST NAME) <b>EDISON</b>	(MIDDLE NAME) <b>DELANTAR</b>	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>COGOLLODO</b>	(FIRST NAME) <b>ALMA</b>	(MIDDLE NAME)	(SUFFIX)	

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) <b>PAKIGNE</b>	(CITY/MUNICIPALITY) <b>MINGLANILLA</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6046</b>	COUNTRY CODE <b>0063</b>
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CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
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**OTHER CARD APPLICANT DATA**

TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER <b>(0927) 303-6703</b>	EMAIL ADDRESS <b>Keepglai17@gmail.com</b>
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**DEPENDENT(S)/BENEFICIARY/IES**

SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					

OTHER BENEFICIARY/IES (without spouse & child and parents are both deceased)

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					

**FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____
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**PURPOSE OF APPLICATION**

PURPOSE <b>FOR EMPLOYMENT</b>	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
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**UMID CARD APPLICATION WITH ATM OPTION**

UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)

**CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION**

1. I certify that the information provided are true and correct.  
 2. I hereby consent to:  
 • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/creating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;  
 • sharing of these data with SSS service providers to carry out the purposes stated above; and  
 • disposal of this application in the manner consistent with the Data Privacy Act.  
 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.  
 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent to the sharing of my bank account number with SSS.

20210616 11:42:28 AM