



REPUBLIC OF THE PHILIPPINES  
 Province of Cebu  
 City of Mandaue  
 Barangay Alang - Alang

**OFFICE OF THE PUNONG BARANGAY**

P. Burgos St. Alang - Alang Mandaue City, 6014  
 Email: [goalangalang@gmail.com](mailto:goalangalang@gmail.com) / 032-520-8206 / 0966-075-7388



**HON. JESSE JAMES L. GO**  
 Barangay Chairman

Barangay Councilors:

Hon. Dennis V. Alimpangog

Hon. Jeric Mikhail Cuizon

Hon. Amedello P. Saladaga

Hon. Celso M. Pañares

Hon. Myles Arri G. Sanchez

Hon. Kristian F. Cortes

Hon. Joseph R. Jundos

Hon. Gabrielle Val T. Soco  
 (SK Chairman)

Mr. Genaro C. Soco Jr.  
 (Brgy Treasurer)

Ms. Mary Ann M. Del Monte  
 (Brgy. Secretary)

**BARANGAY CLEARANCE**

To whom it may concern:

This is to certify that MARY JOY BACO, 25 years of age, is a bona fide resident of SITIO TRES ROSAS, Alang - Alang, Mandaue City, Cebu. As per record He/She is enlisted in the voter's registration list.

This certification is issued upon the request of MS. BACO and valid to the purpose stated herewith:

- Employment
- Postal ID
- Open Bank Account
- General Purpose

Others: \_\_\_\_\_

Issued at Barangay Alang - Alang, Mandaue City, Cebu, Philippines this 27<sup>th</sup> Day of MAY, 2024.



  
**HON. JESSE JAMES L. GO**  
 Barangay Chairman

\_\_\_\_\_  
 Signature of Applicant



## ROYAL J HOTEL

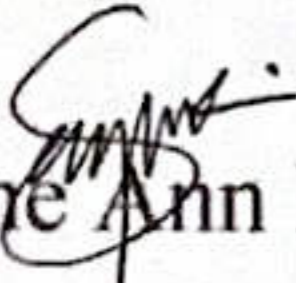
POPE JOHN PAUL II AVE. JUAN LUNA, MABOLO, CEBU, PHILS., 6000  
TEL. NOS.: +63(32)232-4907/ +63(927)747-0734 / +63(917)321-7702

# CERTIFICATE OF EMPLOYMENT

This is to certify that MS. MARY JOY BACO has been employed with our company under probationary contract from January 22, 2024 up to May 12, 2024 holding the position of Hotel Receptionist.

This certification is being issued upon her request for whatever legal purpose it may serve her.

Issued this 16<sup>th</sup> day of May 2024, Cebu City.

  
Jayne Ann Lim

Hotel Manager

(To be accomplished in quadruplicate)



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, 5b and 19a.)

Province Leyte Registry No. 9801015  
City/Municipality San Isidro

REMARKS/ANNOTATION

**CHILD**

1. NAME (First) (Middle) (Last)  
MARY JOY LERIO BACO

2. SEX  1 Male  2 Female

3. DATE OF BIRTH (day) (month) (year)  
13 Nov. 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) San Isidro Leyte  
Bunacan

5a. TYPE OF BIRTH  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 (first, second, third, etc.)

d. WEIGHT AT BIRTH 2722 grams

For OCRG USE ONLY:  
Population Reference No.  
7

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

**MOTHER**

6. MAIDEN NAME (First) (Middle) (Last)  
IMELDA OMAS LERIO

7. CITIZENSHIP Filipino

8. RELIGION Roman Catholic

9a. Total number of children born alive: 23 01

b. No. of children still living including this birth: 01

c. No. of children born alive but are now dead: 00

10. OCCUPATION housewife

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Bunacan San Isidro Leyte

41

48

49 50

56

61

62 64

65 69

70 72 74

76 79

81

86 87 0850

88 91

83 07/19/97  
37828

94 11/19/98

**FATHER**

13. NAME (First) (Middle) (Last)  
MARIO ASIS BACO

14. CITIZENSHIP Filipino

15. RELIGION Roman Catholic

16. OCCUPATION born farmer

17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)  
July 19, 1997 - San Isidro, Leyte

19a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  
 4 Hilot (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 1:00 o'clock am/pm on the 13 day of Nov 1998.

Signature [Signature] Address Tinaco, San Isidro, Leyte  
Name in Print [Name] Date Nov 19, 1998  
Title or Position [Title]

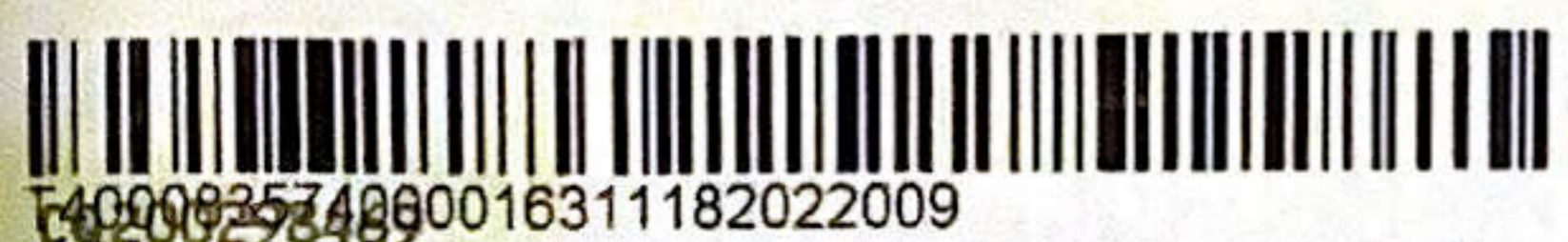
20. INFORMANT  
Signature [Signature] Address [Address]  
Name in Print [Name] Date Nov 19, 1998  
Relationship to the child [Relationship]

21. PREPARED BY  
Signature [Signature]  
Name in Print LILY G. TINGO  
Title or Position [Title]  
Date [Date]

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

08357-CF-400VBT-00163-BI009

BEST POSSIBLE IMAGE



140008257400016311182022009

BReN  
03742-A98XJ01-3

Documentary  
Stamp Tax Paid

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





**Medgruppe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph

**SERVICE ORDER**



**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**  
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0013
SO No.	463515
S.O Date	05/28/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 100753  
**PATIENT NAME** : BACO, MARY JOY, LERIO  
**PATIENT ADDRESS** : Alang-Alang, Mandaue City, Cebu  
**MOBILE NO.** : 0991 700 7855  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** :  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 11/18/1998  
**AGE** : 25  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : WALK-IN

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PE, CHEST PA, CBC, UA, SE  
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)



**PREPARED BY:**

Arissa Marie L. Armenion

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name