



(Copy for OCRG)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH 0350

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		Registry No. <u>910-19720</u>					
City/Municipality <u>Cebu City</u>							
1. NAME (First) <u>Cloie</u> (Middle) <u>Camacho</u> (Last) <u>Tungpalan</u>		For OCRG USE ONLY: Population Reference No. <u>20779 2632-</u>					
2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>16 August 1996</u>					
C H I L D				4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Saint Vincent General Hospital- Cebu City</u>			
				5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____	
				c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>first</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2.53</u> kgs. grams	
6. MAIDEN NAME (First) <u>Basilides</u> (Middle) <u>Mojado</u> (Last) <u>Camacho</u>		41. <u>96/19720</u>					
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>R. Catholic</u>					
9a. Total number of children born alive: <u>1</u>		9b. No. of children still living including this birth: <u>1</u>					
9c. No. of children born alive but are now dead: <u>0</u>		48. <input type="checkbox"/>					
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>34</u> years					
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tapon, Dumanjug, Cebu</u>		49. <u>2</u> 50. <u>1</u> 0896					
13. NAME (First) <u>Pedro</u> (Middle) <u>Badua</u> (Last) <u>Tungpalan</u>		51. <input type="checkbox"/>					
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>R. Catholic</u>					
16. OCCUPATION <u>NIL</u>		17. Age at the time of this birth: <u>35</u> years					
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 4, 1995- Dumanjug, Cebu</u>							
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____		52. <u>01</u> 54. <u>2530</u>					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:58 P.M.</u> o'clock am/pm on the date stated above.							
Signature <u>DR. WEDA THERESA LIM</u> Name in Print <u>DR. WEDA THERESA LIM</u> Title or Position <u>Attending Physician</u>		Address <u>c/o Saint Vincent General Hospital</u> Date <u>August 16, 1996</u>					
20. INFORMANT Signature <u>Pedro B. Tungpalan</u> Name in Print <u>Pedro B. Tungpalan</u> Relationship to the child <u>Father</u> Address <u>Tapon, Dumanjug, Cebu</u> Date <u>August 16, 1996</u>							
21. PREPARED BY Signature <u>Lilian V. Jumao-as</u> Name in Print <u>Lilian V. Jumao-as</u> Title or Position <u>Clerk</u> Date <u>August 16, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>NEA A. NUNING</u> Name in Print <u>NEA A. NUNING</u> Title or Position <u>CLERK III</u> Date <u>11/04/95</u>					

04317-28-400KCM-00284-BI001

BEST POSSIBLE IMAGE



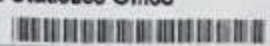
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Documentary Stamp Tax Paid

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



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

Registry No.
2019 23966

Province **CEBU**
City/Municipality **CEBU CITY**

1. NAME (First) (Middle) (Last)
CASPIAN DANE TUNGPALAN

2. SEX (Male / Female) **MALE**
3. DATE OF BIRTH (Day) (Month) (Year)
15 SEPTEMBER 2019

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH (Single, Twin, Triple, 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**
6. WEIGHT AT BIRTH **3,250 grams**

7. MAIDEN NAME (First) (Middle) (Last)
CLOIE CAMACHO TUNGPALAN

8. CITIZENSHIP **FILIPINO**
9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

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 **NONE**
12. AGE at the time of this birth (completed years) **23**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
TAPON, DUMANJUG, CEBU, PHILIPPINES

14. NAME (First) (Middle) (Last)
UNKNOWN

15. CITIZENSHIP **N.A.**
16. RELIGION/RELIGIOUS SECT **N.A.**
17. OCCUPATION **N.A.**
18. AGE at the time of this birth (completed years) **N.A.**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
N.A.

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

20a. DATE (Month) (Day) (Year) **N.A.**
20b. PLACE (City / Municipality) (Province) (Country) **NOT APPLICABLE**

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 **12:34 PM** on the date of birth specified above.

Signature *[Signature]* Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**
Name in Print **AMETHYST MAE L. GONZAGA, M.D.**
Title or Position **PHYSICIAN** Date **15 SEPTEMBER 2019**

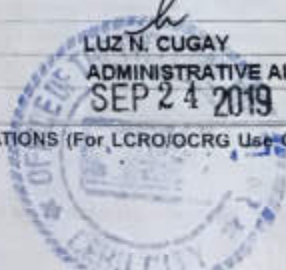
22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *[Signature]*
Name in Print **CLOIE C. TUNGPALAN**
Relationship to the Child **MOTHER**
Address **TAPON, DUMANJUG, CEBU**
Date **15 SEPTEMBER 2019**

23. PREPARED BY
Signature *[Signature]*
Name in Print **STANLEY E. LIBOR**
Title or Position **CLERK**
Date **15 SEPTEMBER 2019**

24. RECEIVED BY
Signature *[Signature]*
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **SEP 24 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print **HENRY P. TOMALABCAD**
Title or Position **OIC - CITY CIVIL REGISTRAR**
Date **SEP 24 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

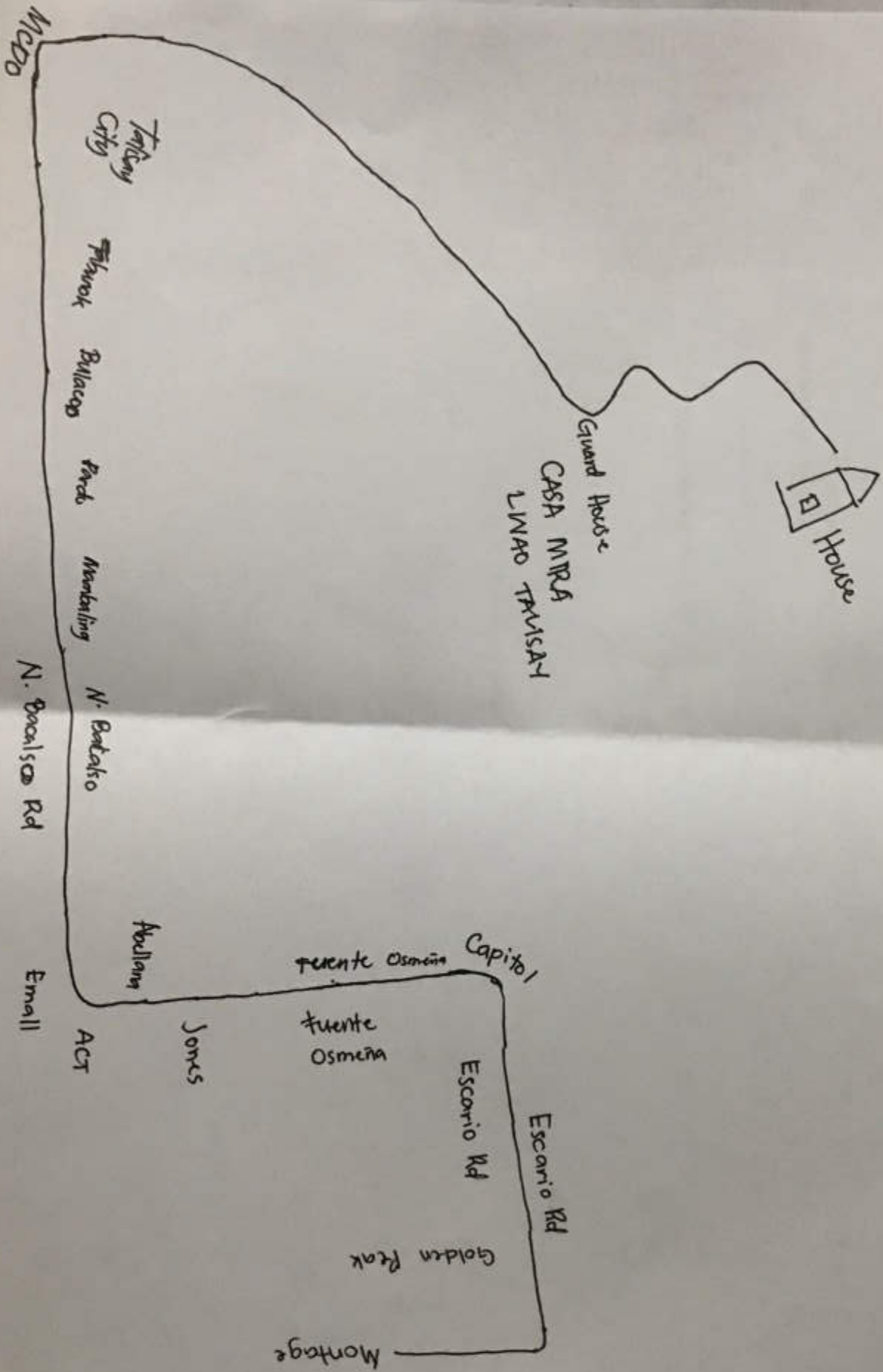


CERTIFIED TRUE COPY

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8. 9. 11. 13. 15. 16.

[Signature]
PHILIP A. MEGABON
REGISTRATION OFFICER



Cloie Tungpanan



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121235877929
REGISTRATION TRACKING NUMBER	918274386077

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	TUNGPALAN	CLOIE		CAMACHO	<input type="checkbox"/>
FATHER	TUNGPALAN	PEDRO		BADUA	<input type="checkbox"/>
MOTHER (Maiden Name)	TUNGPALAN	BASILIDES		CAMACHO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TUNGPALAN	CLOIE		CAMACHO	<input type="checkbox"/>

DATE OF BIRTH 08/16/1995	MARITAL STATUS Single/Unmarried	TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH CEBU CITY, CEBU, PHILIPPINES	CITIZENSHIP FILIPINO	SSS NUMBER
SEX FEMALE	HEIGHT (cm) 0 00	GSIS NUMBER
WEIGHT (kg) 0 00	PROMINENT DISTINGUISHING FACIAL FEATURES	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	For DepEd Employee Division Code-Station Code

ADDRESS AND CONTACT DETAILS		
PERMANENT HOME ADDRESS Unit/Room No. - Floor	Building Name	COUNTRY + AREA CODE + TELEPHONE NUMBER
Let No. Block No. Phase No.	House No. Street Name	Home
Subdivision	Barangay TAPON	Cell Phone +53 (0995) 9514903
Municipality/City DUMANJUG	Province/State/Country CEBU, PHILIPPINES	Business (Direct Line)
Zip Code 6035		Business (Trunk Line)
		Email Address
PRESENT HOME ADDRESS Unit/Room No. - Floor	Building Name	Lot no., Block no., Phase No.
House No. 440N	Street Name W DEL ROSARIO EXT URGELLO ST	Subdivision
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES	Barangay
		Zip Code 6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS	



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



12-025763138-4

TUNGPALAN, CLOIE CAMACHO

AUGUST 16, 1996 - FEMALE

TAPON DUMANJUG, CEBU - 6035



1 2 0 2 5 7 6 3 1 3 8 4

Tungpalan

Signature



Republic of the Philippines
Department of Justice
National Bureau of Investigation

36527262

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:
T521HCPE69-ML38510960

VALID UNTIL:
January 12, 2025

FAMILY NAME
TUNGPALAN

FIRST NAME
CLOIE

MIDDLE NAME
CAMACHO

HUSBAND'S SURNAME

ADDRESS
BRGY TAPON DUMANJUG CEBU

DATE OF BIRTH
August 16, 1996

PLACE OF BIRTH
CEBU CITY

CITIZENSHIP
FILIPINO

CIVIL STATUS
SINGLE

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



SIGNATURE

Cloie Tungpalan



Date Printed: Friday, January 12, 2024 10:17 AM



T521HCPE69-ML38510960

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

Agency	ML3	DATID	abarrientosd
CASID	abarrientosd	BIOID	abarrientosd
O.R. No.	MP4ODX9FOS	REGID	
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