

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(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, 8b and 19a.)

73

Province <u>CEBU</u>		Registry No. <u>203</u>	
City/Municipality <u>BANTAYAN</u>			
1. NAME (First) <u>Kirk Patrick</u> (Middle) <u>Desamparado</u> (Last) <u>Mansueto</u>		For OCRG USE ONLY: Population Reference No. <u>207-A67N302-r</u>	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) <u>3</u> (month) <u>July</u> (year) <u>1997</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>BANT. DIST. HOSPITAL</u> (City/Municipality) <u>BANTAYAN</u> (Province) <u>CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.7</u> K. grams	
6. MAIDEN NAME (First) <u>Joan</u> (Middle) <u>Desamparado</u> (Last) <u>Mansueto</u>		41 <u>97012VV</u>	
7. CITIZENSHIP <u>Filipino</u>		48 <u>1</u>	
8. RELIGION <u>Rom. Catholic</u>		49 <u>1</u> 50 <u>030797</u>	
9a. Total number of children born alive: <u>1</u>		55 <u>28097</u>	
b. No. of children still living including this birth: <u>1</u>		61 <u>1</u>	
c. No. of children born alive but are now dead: <u>0</u>		62 <u>61</u> 64 <u>1VV9</u>	
10. OCCUPATION <u>Housekeeper</u>		68 <u>1</u> 69 <u>1</u>	
11. Age at the time of this birth: <u>20</u> years		70 <u>08</u> 72 <u>01</u> 74 <u>00</u>	
12. RESIDENCE (House No., Street, Barangay) <u>Ticad</u> (City/Municipality) <u>Bantayan</u> (Province) <u>Cebu</u>		76 <u>240</u> 79 <u>20</u>	
13. NAME (First) (Middle) (Last)		81 <u>28097</u>	
14. CITIZENSHIP		85 <u>1</u> 87 <u>1</u>	
15. RELIGION		88 <u>999</u> 91 <u>99</u>	
16. OCCUPATION		93 <u>2</u>	
17. Age at the time of this birth: _____ years		94 <u>1</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:35</u> o'clock <u>am</u> /pm on the date stated above.			
Signature <u>[Signature]</u> Address <u>BDn, Bant., Cebu</u>			
Name in Print <u>Narda P. Bautista, M.D.</u>			
Title or Position <u>M.O. III</u>			
Date <u>July 4, 1997</u>			
20. INFORMANT			
Signature <u>[Signature]</u> Address <u>Ticad, Bant., Cebu</u>			
Name in Print <u>Joan D. Mansueto</u>			
Relationship to the child <u>mother</u>			
Date <u>July 4, 1997</u>			
21. PREPARED BY			
Signature <u>[Signature]</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	
Name in Print <u>G. O. Giltaneda</u>		Name in Print <u>[Signature]</u>	
Title or Position <u>M.O. III</u>		Title or Position <u>Municipal Civil Registrar</u>	
Date <u>July 4, 1997</u>		Date <u>July 4, 1997</u>	

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS JEDPHREY S. ABELLO AND JOAN D. MANSUETO ON MAY 09, 2002 AT BANTAYAN, CEBU UNDER REGISTRY NUMBER 2004-101. THE CHILD SHALL BE KNOWN AS: KIRK PATRICK MANSUETO ABELLO

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MS. EDITHA R. ORCILLA
Chief, Document Management Division



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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General

BEST POSSIBLE IMAGE





BUREAU OF INTERNAL REVENUE
RDO #082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 506-607-957-0000 ✓

LAST NAME: Abelo ✓

FIRST NAME: Kirk Patrick ✓

MIDDLE NAME: Mansueto

ADDRESS: Co-6 Renaissance Valley (no address)
Bulacao Cebu city *need to update*

BIRTHDAY: July 3, 1997

PROFESSIONAL LOCAL EMPLOYEE

TAXPAYER CLASSIFICATION: NULL

SINGLE PROP. E.O. 98, ONETT

RDO CODE: 47 Makati ✓

VERIFIED BY: _____

WINDICTO T. ATIS JR., CPA
REVENUE OFFICER

5/28/24



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121163121553
REGISTRATION TRACKING NUMBER	916032608469

OCCUPATIONAL STATUS	EMPLOYED
MEMBERSHIP CATEGORY	EMPLOYED - PRIVATE

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ABELLO	KIRK PATRICK		MANSUETO	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	MANSUETO	JOAN		DESAMPARADO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MANSUETO	KIRK PATRICK		DESAMPARADO	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
07/03/1997	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
BANTAYAN, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
MALE	0 00	0 00			For AFP/PNP Employee: Serial/Badge
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		No		
			For DepEd Employee: Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No. / Floor		Building Name			Home
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+63 (0915) 4897427
Subdivision	Barangay			Business (Direct Line)	
	TIGAD				
Municipality/City	Province/State/Country			Business (Trunk Line)	
BANTAYAN	CEBU, PHILIPPINES				
ZIP Code	Email Address				
6052	abelokirk@gmail.com				
PRESENT HOME ADDRESS					
Unit/Room No. / Floor	Building Name	Lot no.	Block no.	Phase No.	
House No.	Street Name	Subdivision		Barangay	
	BULACAO			PARDO	
Municipality/City	Province/State/Country			ZIP Code	
CEBU CITY	CEBU, PHILIPPINES			6000	
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS				

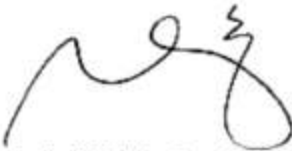
November 24, 2023

Certificate of Employment

This is to certify that **Abello, Kirk Patrick Mansueto** is an employee of Teleperformance Philippines from **September 28, 2021 to present**. Kirk Patrick is designated as **Customer Service Representative**, currently assigned at **TPPH FHCS Cebu, Philippines (IT Park) - Asiatown IT Park, Apas**.

This further certifies that the residential address of **Abello, Kirk Patrick Mansueto** as declared in our file is **Barangay Bulacao, Barangay Bulacao, CEBU CITY (Capital)**.

This certificate is being issued upon the request of **Abello, Kirk Patrick Mansueto** for documentation purposes.



Rachel Majito-Cacabelos
Vice President, Human Resources and
Communication & Marketing

*This certificate is system-generated with an electronic signature and a unique internal tracking number **JWT-BP6-D1EE**. For employment verification, you may reach us via email at **HCRM-HRTPPHEmploymentVerification@teleperformanceusa.com**.*



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

SS NUMBER

COV-01214 (09-2015)

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)
Mansueto Kirk Patrick Desamparado 07 03 1977
SEX CIVIL STATUS TAX IDENTIFICATION NUMBER (IF ANY)
Male Female Single Married Widowed Legally Separated Others
NATIONALITY RELIGION PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)
Home Address (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

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

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

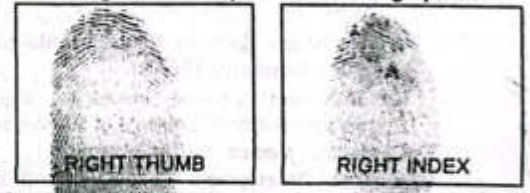
SELF-EMPLOYED (SE) OVERSEAS FILIPINO WORKER (OFW) NON-WORKING SPOUSE (NWS)
Profession/Business Foreign Address SS No./Common Reference No. of Working Spouse
Year Prof./Business Started Monthly Earnings Are you applying for membership in the Flex-Fund Program? Monthly Income of Working Spouse (P)
I agree with my spouse's membership with SSS.
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.

PRINTED NAME SIGNATURE 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) MEMBERS SERVICES SECTION CEBU CITY BRANCH
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) APPROVED MSC (FOR SE/OFW/NWS) SIGNATURE OVER PRINTED NAME DATE & TIME SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
Approved Disapproved




Republic of the Philippines
Department of Justice
National Bureau of Investigation

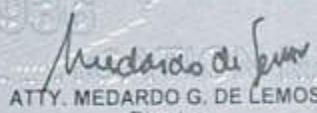


39393066

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: A140GKCK79-R71614558	VALID UNTIL May 03, 2025
FAMILY NAME ABELLO	FIRST NAME KIRK PATRICK
MIDDLE NAME MANSUETO	HUSBAND'S SURNAME
ADDRESS 61 6 RENAISSANCE VALLEY BRGY BULACAO CEBU CITY	
DATE OF BIRTH July 03, 1997	PLACE OF BIRTH BANTAYAN CEBU
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO DEROGATORY RECORD	


A140GKCK79-R71614558


ATTY. MEDARDO G. DE LEMOS
Director



SIGNATURE



Date Printed: Monday, May 13, 2024 12:32 PM

Agency	R7	DATI0	villarinn
CASID	villarinn	BI0ID	villarinn
O.R. No.	MP9ZAE7ME	RECID	gayoda
O.R. Date	05/03/2024 12:28:55 PM	INTID	
DST PAID		PRTI0	villarinn



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39393066

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NBI ID NO: A140GKCK79-R71614558	VALID UNTIL May 03, 2025
FAMILY NAME ABELLO	FIRST NAME KIRK PATRICK
MIDDLE NAME MANSUETO	HUSBAND'S SURNAME
ADDRESS 61 6 RENAISSANCE VALLEY BRGY BULACAO CEBU CITY	
DATE OF BIRTH July 03, 1997	PLACE OF BIRTH BANTAYAN CEBU
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO DEROGATORY RECORD	


A140GKCK79-R71614558


ATTY. MEDARDO G. DE LEMOS
Director



SIGNATURE



Date Printed: Monday, May 13, 2024 12:32 PM

Agency	R7	DATI0	villarinn
CASID	villarinn	BI0ID	villarinn
O.R. No.	MP9ZAE7ME	RECID	gayoda
O.R. Date	05/03/2024 12:28:55 P	INTID	
DST PAID		PRTI0	villarinn

PERSONAL COPY

NATIONAL BUREAU OF INVESTIGATION

NATIONAL BUREAU OF INVESTIGATION



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 12-250667794-5 PhilSys Number :
 Member Category : FORMAL ECONOMY - PRIVATE -
 Sub-Category : PERMANENT/REGULAR NHTS Coverage : N/A
 Validity Period : N/A - N/A

ABELLO, KIRK PATRICK MANSUETO

P DEL ROSARIO EXT SAMBAG I (POB.), CEBU CITY CEBU

Foreign Address : N/A Sex : MALE
 Date of Birth : 07/03/1997
 Place of Birth : BANTAYAN, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 09430769797 Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 01-900002737-1
 Name of Employer/Organized Group : STAFF SEARCH ASIA SERVICE COOPERATIVE
 Business Address : 2F ARGO BLDG 574 COR P TUAZON, E. RODRIGUEZ, QUEZON CITY SECOND DISTRICT
 Telephone Number : 882-3936 Employment Status : EMPLOYED
 Tax Identification Number : 211449178 Date :

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NOTHING FOLLOWS ***

EDWIN M. ORIÑA, MD
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maayos. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makiinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Sep 23, 2021 01:35 PM