



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

Province CEBU		Registry No. 2019 30327	
City/Municipality CEBU CITY			
1. NAME (First) ALEXIS LAVINE		(Last) CAÑAS	
(Middle) ALICANDO			
2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 06	(Month) NOVEMBER	(Year) 2019
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) CEBU CITY MEDICAL CENTER	(City/Municipality) CEBU CITY	(Province) CEBU	
5a. TYPE OF BIRTH (Single/Twin/Triplet, etc.) SINGLE	5b. # MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) N.A.	5c. BIRTH ORDER (Order of this birth to previous live births including stillbirths) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3000 grams
7. MAIDEN NAME (First) ALEXANDRA LOUIGIE		(Last) ALICANDO	
(Middle)			
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 HOUSEWIFE
12. RESIDENCE (House No., St., Barangay) CADULOY TISA		(City/Municipality) CEBU CITY	(Province) CEBU (Country) PHILIPPINES
14. NAME (First) LUIGIE		(Last) CAÑAS	
(Middle) ABELLA			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
17. OCCUPATION SELF EMPLOYED		18. AGE at the time of the birth (completed years) 18	
19. RESIDENCE (House No., St., Barangay) CADULOY TISA		(City/Municipality) CEBU CITY	(Province) CEBU (Country) PHILIPPINES
MARRIAGE OF PARENTS (If not married, accompany Affidavit of Acknowledgment/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) N.A.	
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at 8:43 AM on the date of birth specified above.			
Signature <i>[Signature]</i> Name in Print VIRGIE SULLANO TAJO Title or Position M.D.		Address N. BAGALSO AVENUE CEBU CITY Date NOVEMBER 06, 2019	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct in my own knowledge and belief. Signature <i>[Signature]</i> Name in Print ALEXANDRA LOUIGIE ALICANDO Relationship to the Child MOTHER Address CADULOY TISA CEBU CITY Date NOVEMBER 08, 2019		23. PREPARED BY Signature <i>[Signature]</i> Name in Print ERLINDA S. TABUYAN Title or Position ADMIN. ASST. II Date NOVEMBER 08, 2019	
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date NOV 20 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print HENRY P. TOMALABCAD Title or Position OIC - CITY CIVIL REGISTRAR Date NOV 20 2019	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
15	16	17	19

08879-D4-400EST-01100-BI001
BEST POSSIBLE IMAGE

T001088794000110004232024001



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



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, 5b, and 19a.)

Province Cebu		City/Municipality Cebu City		Postal Code 2000 13201	
1. NAME (First) ALEXANDRA LOUISA (Middle) (Last) ALICANEO		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
3. DATE OF BIRTH (day) (month) (year) 1 MAY 2000		2217- Pack 139-7			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No.; Street, Barangay) Cebu City Medical Center, Cebu City, Cebu					
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) (first, second, third, etc.) 5TH		d. WEIGHT AT BIRTH 3400 grams			
6. MAIDEN NAME (First) LIZA (Middle) (Last) ALICANEO		7. CITIZENSHIP PHILIPPINO			
8. RELIGION ROMAN CATHOLIC		9a. Total number of children born alive 5			
b. No. of children still living including this birth: 3		c. No. of children born alive but are now dead: 0			
10. OCCUPATION None		11. Age at the time of this birth: 35 years			
12. RESIDENCE (House No.; Street, Barangay) (City/Municipality) (Province) 32 PANGANIBAN, COLON ST., Cebu City, Cebu					
13. NAME (First) (Middle) (Last) UNKNOWN		14. CITIZENSHIP N.A.			
15. RELIGION N.A.		16. OCCUPATION N.A.			
17. Age at the time of this birth: N.A. years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) N.A.			
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 5:59 o'clock AM on the date stated above.					
Signature <i>Lovella M. Capanillas</i> Name in Print LOVELLA M. CAPANILLAS Title or Position M.D.		Address N. MACALBO AVENUE, Cebu City Date MAY 1, 2000			
Signature <i>Liza Alicaneo</i> Name in Print LIZA ALICANEO Relationship to the child MOTHER		Address 32 PANGANIBAN, COLON ST., Cebu City Date MAY 1, 2000			
21. PREPARED BY Signature <i>Justina D. Clavino</i> Name in Print JUSTINA D. CLAVINO Title or Position D.R. NURSE Date MAY 1, 2000		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Agnes C. Denaño</i> Name in Print AGNES C. DENAÑO Title or Position CLERK I Date MAY 31 2000			

08879-85-400KC1-01100-B1002

BEST POSSIBLE IMAGE



T002088794000110004232024002

MR400140229



CSM

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



HEALTH INSURANCE CORPORATION
123 7529 (032) 233 3287 (800) (032) 233 3281 (032) 233 7871

MDR

MEMBER DATA RECORD

on Number (PIN): 122031920866
FORMAL ECONOMY

NHTS Coverage
Effectivity Period

36548451

Republic of the Philippines
Department of Justice
National Bureau of Investigation

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:

NR (ID NO) A425EAAE00-R71505933	VALID UNTIL November 28, 2024	
FAMILY NAME ALICANDO	FIRST NAME ALEXANDRA LOUIGE	
MIDDLE NAME	HUSBAND'S SURNAME	SIGNATURE 
ADDRESS SITIO GOCHAN CADULOY BRGY TISA CEBU CITY	PLACE OF BIRTH CEBU CITY	
DATE OF BIRTH May 01, 2000	CIVIL STATUS SINGLE	GENDER FEMALE
CITIZENSHIP FILIPINO	PURPOSE MULTI-PURPOSE CLEARANCE	 
REMARKS NO RECORD ON FILE		

Date Printed: Tuesday, November 28, 2023 02:21 PM

Agency RT DATID dupag
CASID dupag RIOSD dupag
CR No. MP643GHFHZ RCTID
CR Date 11/28/2023 2:19:08 PM INTID
DST PAID PRTRD Villarin


A425EAAE00-R71505933


ATTY. MEDARDO G. DE LEMOS
Director

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

Isahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na
MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody.
Copy to hospital in case of confinement and availment of benefits.)
Signature is not required
20148799 30339512 11/11/2019 9/23/2021

CERTIFICATE OF EMPLOYMENT

December 15, 2023

This is to certify that **Alexandra Louige Alicando** was a regular employee of Foundever Philippines Corporation from **September 13, 2021** to **November 20, 2023** as a/an **Employee**.

This certification is issued for **whatever legal purpose it may serve** pending completion of employee clearance and release of all claims and accountabilities.


Cherryne S. Daez
HR Shared Services Manager

STLCOE2023-013239

This electronically generated document shall be valid for all intents and purposes under the Rules on Electronic Evidence. It shall have the same force and effect as that of an original document. Any electronic or digital signature appearing on this document shall be admissible in evidence as the functional equivalent of the signature of a person on a written document.

 REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

ALICANDO, ALEXANDRA LOUIGE
TIN: 384-527-442-000
SITIO GOCHAN CADULOY TISA,
CEBU CITY

BIRTH DATE: 05/01/2000
ISSUE DATE: 01/14/2021



ALICANDO, ALEXANDRA LOUIGE
SIGNATURE

015481770

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment



Republic of the Philippines
 Province of Cebu
 CEBU CITY
 BARANGAY TISA
 Tel. No.:(032) 234-3606



OFFICE OF THE BARANGAY CAPTAIN

BARANGAY CLEARANCE

This is to certify that the person whose name, picture and signature appeared herein has requested a BARANGAY CLEARANCE from this office.

COMPLETE NAME: ALEXANDRA LOUIGE _ALICANDO

GENDER: Female

ADDRESS: Gochan Caduloy, Tisa, Cebu City, Cebu

DATE OF BIRTH: May 01, 2000

CIVIL STATUS: Single

PLACE OF BIRTH: Cebu City

PURPOSE: EMPLOYMENT



ALEXANDRA LOUIGE _
ALICANDO

Signature over printed name

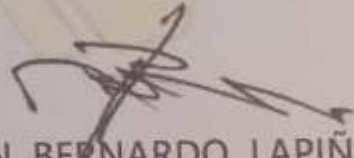
Date Taken: 10/16/2020

Left Thumb

Right Thumb

It is further certified that the above person is a law-abiding citizen of good moral character and has no pending case filed against her in this office.

Issued this 29th day of May, 2024 at Barangay Tisa, Cebu City, Cebu, Philippines.


 HON. BERNARDO LAPIÑA JR.
 Barangay Captain

OR Number:
 Amount Paid: 0.00
 Doc. Stamp: 0.00



Certificate No. 2217085-8142
 Control No: 2024-81425

Not valid if there is no official dry seal

This clearance is good until November 29, 2024, revocable for cause



Republic of the Philippines
Region VII, Central Visayas
Department of Education
Division of Talisay City



TANGKE NATIONAL HIGH SCHOOL

Tangke, Talisay City, Cebu
Tel. No.: 462 - 5498

CERTIFICATE

To Whom It May Concern:

According to the records of this institution, ALEXANDRA LOUIGE ALICANDO with LRN 119790060022 is a bonafide **Grade 10** student of **TANGKE NATIONAL HIGH SCHOOL**, school year 2017 - 2018.

This certifies further that he/she had not violated any of the institution's existing rules and regulations.

This certification is issued upon the request of the above-named student for **enrolment** purpose only.

Issued this 12th day of July, 2021 at Tangke, City of Talisay, Cebu, Philippines.

Certified & verified by:


EDMUND C. BALDO
Guidance Coordinator

Not Valid Without Seal



Your location



iPloy, OPC

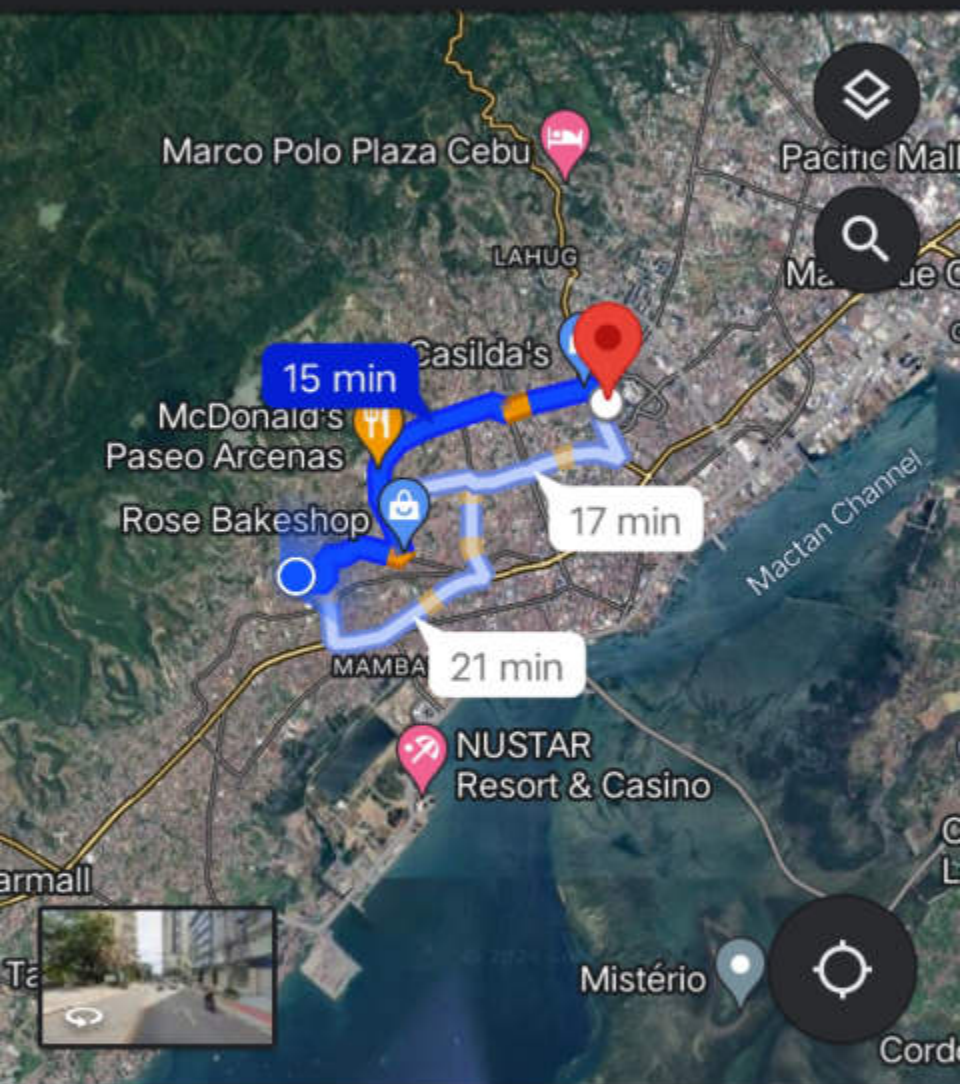


17 min

15 min

50 min

1 hr 22



15 min (6.4 km)

Fastest route now due to traffic conditions

Start

Steps

Pin

