







Form No. 128  
Revised January 1999  
(To be accomplished in quadruplicate)

REPUBLIC OF THE PHILIPPINES  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

PROVINCE CESU City/Municipality MARICOR CITY Registry No. 20101677

1. NAME (First) (Middle) (Last)  
HELE CLINT CLIMA DELA PENA

2. SEX X 1 Male      2 Female 3. DATE OF BIRTH (Day) (Month) (Year)  
19 FEBRUARY 2010

4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) (City/Municipality) (Province)  
GUIDO HEALTH CENTER, GUIDO MARICOR CITY CESU

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, second, third, etc.) 1st d. WEIGHT AT BIRTH  
2767 grams

6. MOTHER'S NAME (First) (Middle) (Last)  
JENESA AGSAL CLIMA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive 1 b. No. of children still being suckling 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 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SAN JOSE, GUIDO MARICOR CITY CESU

13. NAME (First) (Middle) (Last)  
YONIE TUOT DELA PENA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION PRODUCTION WORKER 17. Age at the time of this birth 20 years

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

19a. ATTENDANT 1 Physician      2 Nurse      3 Midwife       
4 Other (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 10:50 P.M. clock on the date stated above.)

Signature NOELIN G. BALONG Address PAGUJANGAN MARICOR CITY  
Name in Print NOELIN G. BALONG Date FEBRUARY 19, 2010  
Title or Position P.M.

20. INFORMANT Signature JENESA A. CLIMA Address SAN JOSE, GUIDO MARICOR CITY  
Name in Print JENESA A. CLIMA Date FEBRUARY 19, 2010  
Relationship to the child MOTHER

21. PREPARED BY Signature NOELIN G. BALONG  
Name in Print NOELIN G. BALONG  
Title or Position P.M. Date FEBRUARY 15, 2010

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature CLARE DENNIS S. MAPA  
Name in Print CLARE DENNIS S. MAPA  
Title or Position City Civil Registrar Date MAR 17 2010

REMARKS/ANNOTATION

FOR COMPLETION ONLY IN REGISTERED INSTITUTIONS

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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09143-82-999R6R-07487-BI001  
BEST POSSIBLE MADE



BRen  
02230-B10CK07-2

Documentary  
Stamp Tax Paid

*CDSM*

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

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We/I, YVONNE T. DELA PENA and JENESIA R. OLOMA  
 parent/s of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
 information contained herein are true and correct to the best of our/my knowledge and belief.

\_\_\_\_\_  
 (Signature of Father)

\_\_\_\_\_  
 (Signature of Mother)

Community Tax No. 12410702 Community Tax No. 12410703  
 Date Issued JANUARY 26, 2010 Date Issued JANUARY 26, 2010  
 Place Issued MANDAUE CITY Place Issued MANDAUE CITY

SUBSCRIBED AND SWORN to before me this FEB 26 2010 day of \_\_\_\_\_  
CEBU CITY, Philippines.

at ATTY. JOSE LITO TROY G. SUELLO  
 NOTARY PUBLIC  
 UNTIL DECEMBER 31, 2010  
 P.T.R. No. 999-216-1-4-10 C.C.  
 SP No. 744/107-118 CBU.C.  
 TIN No. 156-357-164  
 (Name in Print)

DOC. No. 511  
 PAGE No. 18 (Title/Designation)  
 BOOK No. 91  
 SERIES OF 2010 (Address)

Not applicable for births before 27 February 1931

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

*(Either the parent himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)*

I, \_\_\_\_\_, of legal age, single/married  
 and with residence and postal address at \_\_\_\_\_  
 after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
8.  (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

\_\_\_\_\_  
 (Signature of Affiant)

Community Tax No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this SIXTEEN day of \_\_\_\_\_  
 \_\_\_\_\_, Philippines.

\_\_\_\_\_  
 (Signature of Administering Officer)

\_\_\_\_\_  
 (Title/Designation)

\_\_\_\_\_  
 (Name in Print)

\_\_\_\_\_  
 (Address)

06143-82-999R6R-07487-BI001

BEST POSSIBLE IMAGE



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88704182022001

BR&N  
 02230-810CK07-2

Documentary  
 Stamp Tax Paid

*CSM*

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





Pag-IBIG *Plus*  
LOYALTY CARD



**JENESA R. CLOMA**

MID No **1210-7414-2097**

*feni*



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REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
*Less Patients in Health*



12-051069208-5

CLOMA, JENESA ROSAL

MAY 07, 1989 - FEMALE

ABELLANA ST BAS-BAS JAGOBIAO MANDAUE CITY  
CEBU - 6014

*Jenesa*



1 2 0 5 1 0 6 9 2 0 8 5

FORMAL ECONOMY



ANGAT PINAS!

BUREAU OF INTERNAL REVENUE  
Revenue District No. 080  
KRC Building, Subangdaku Mandaue City

153  
OCT 27 2011  
VERIFY  
DATE

TIN VERIFICATION

Query Results

TIN: 315-614-747-000

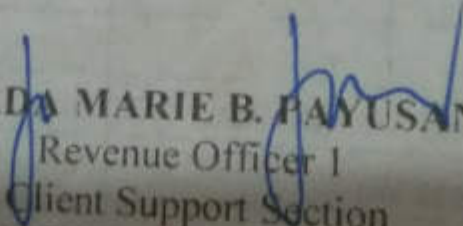
NAME: Cloma, Jeneha R.

DATE OF BIRTH: 05/07/1989

ADDRESS: Guinjo, M.C.

RDO CODE: 080 (M-C.)

TAXPAYER CLASSIFICATION: LOCAL

  
GUADA MARIE B. PAYUSAN  
Revenue Officer I  
Client Support Section  
BIR AUTHORIZED SIGNATURE



Pag-IBIG Fund  
Mandaue Branch

12/01/17  
Date

Cloma, Jenesa Rosal  
Name of Member

Dear Member,  
Congratulations!

You have been successfully registered with the Fund. Your


(RTN): 9123.4401.2657

Pag-IBIG/MID #: 1210.7414.2097

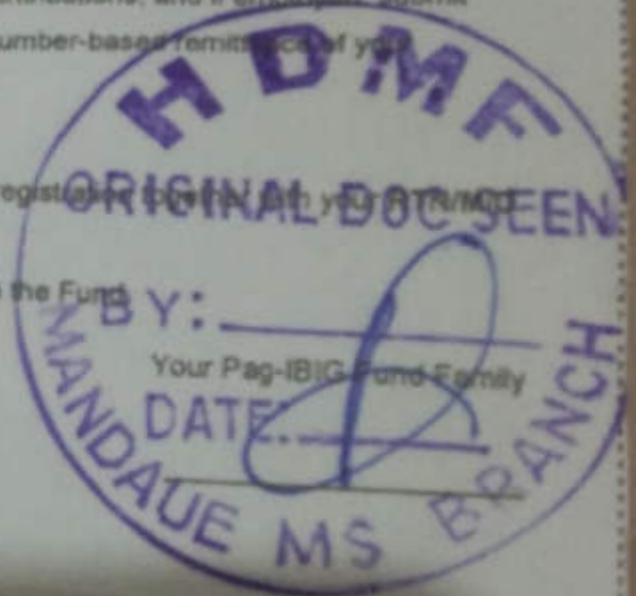
Use the RTN/MID when remitting your contributions, and if employed, submit your RTN/MID to your HR unit to enable the number-based remittance of your contributions through your employer.

Expect a text message confirming your registration with your RTN/MID.

Thank you for your continued support with the Fund.

BY:   
Your Pag-IBIG Fund Family

DATE: \_\_\_\_\_



Republika ng Pilipinas  
*Republic of the Philippines*  
KAGAWARAN NG EDUKASYON  
*Department of Education*  
Rehiyon VII, Central Visayas  
*Region VII, Central Visayas*  
SANGAY NG CEBU  
*Division Office*

CONSOLACION NATIONAL HIGH SCHOOL  
Paaralan

CONSOLACION, Cebu  
Direksiyon

**P**inatutunayan ako na si  
*This certifies that*

**JENESA R. CLOMA**

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng  
*has satisfactorily completed the requirements for graduation in accordance with the*

Binagong Batayang Kurikulum sa Edukasyong Sekundarya  
*Revised Basic Secondary Education Curriculum*

na itinakda para sa Mataas na Paaralan ng Republika ng Pilipinas  
*prescribed for secondary schools of the Republic of the Philippines*

kaya siya'y karapat-dapat tumanggap nitong  
*and is therefore entitled to this*

**KATIBAYAN**  
DIPLOMA

Nilagdaan sa Consolacion, Cebu  
*Signed at*

Philippines ngayong ika 31 ng Marso, 2008  
*Philippines, this day of*

**ELISA M. ESCUTIN**  
PUNO NG PAARALAN  
*Head of School*

**SERENA C. BY**  
PANSANGAY NA TAGAPAMANIHALA NG MGA PAARALAN  
*Schools Division Superintendent*



Dear Sir/Madam,

THIS IS TO CERTIFY that MS. / MRS. JENESA CLOMA has been employed with QWEST BPO, INC., from JULY 10, 2023 to APRIL 21, 2024.

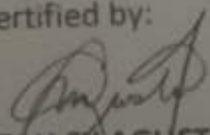
She has a full-time appointment as a **TECHNICAL SUPPORT REPRESENTATIVE**, in the Operations Department.

This certification is issued upon the request of Ms. / Mrs. Cloma for employment purposes only and it is not valid for any other purpose.

This certificate is not a recommendation letter, nor a certification as to the good moral character or performance of the employee, nor a clearance certificate.

Issued this 21<sup>st</sup> day of March 2024 at Cebu City, Province of Cebu.

Certified by:

  
**LEAH SY AGUSTIN**  
Admin Assistant



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



This is to certify that the person whose name, address, registration and classification appearing below is valid for the clearance and the results as follows:

NAME NO. **C450EJGA98-ND4611858**

VALID UNTIL **March 18, 2025**

FAMILY NAME **CLOMA**

CRIST NAME **JENESA**

MIDDLE NAME **ROSAL**

HUSBAND'S SURNAME

ADDRESS

**SITIO CASSAVA BRGY CAMBARO MANDAUE CITY CEBU**

DATE OF BIRTH

**May 07, 1989**

PLACE OF BIRTH **JIMENEZ MISAMIS OCCIDENTAL**

CITIZENSHIP

**FILIPINO**

CIVIL STATUS **SINGLE**

FLPC USE

**MULTI-PURPOSE CLEARANCE**

**PERSONAL COPY**

GENDER **FEMALE**

REMARKS

**NO RECORD ON FILE**



**C450EJGA98-ND4611858**

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

Date Printed: Monday, 18 March 2024 5:41 pm  
Agency: ADR (1410) - MINGUET  
CAGD: MINGUET (1800) - MINGUET  
CR No: MPEVZNCBZG (1800) - MINGUET  
CR Date: 03/18/2024 3:45:24 pm (1800) - MINGUET  
DBT PAID (1800) - MINGUET



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**



**CLOMA, JENESA ROSAL**

SS Number: 05-2945443-5 | CPN Number: 0111-56398031-0

 Your password will expire on Oct 28, 2024 | Your last login was on May 31, 2024 9:29:4

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