



Office of the Punong Barangay

# Barangay Certification

This is to certify that the person whose name, signature, and personal details appear below is a resident of Barangay Labangon.

<b>Name:</b>	Anaiya Corinne A. Oyao
<b>Address:</b>	72-B Katipunan St., Labangon Cebu City
<b>Age:</b>	18
<b>Civil Status:</b>	Single
<b>Citizenship:</b>	Filipino
<b>Purpose:</b>	NBI Clearance



This certification is issued upon the request of the above-named person to support for whatever legal purposes it may serve best.

Given this 31<sup>st</sup> of May 2024 at Barangay Labangon, Cebu City, Philippines.

OR No. ...  
 Amount Paid: Php 30.00  
 Valid Until: November 2024

**Hon. Derrick C. Yap**  
Punong Barangay

**Clarabelle Borja**  
Barangay Treasurer

**Anaiya Corinne A. Oyao**  
Signature

\*Not valid without seal

Sangguniang Barangay Members:

- Hon. Renato A. Alburo
- Hon. Nathan Philipp C. Amores
- Hon. Victor M. Buendia
- Hon. Rodolfo C. Tabasa
- Hon. Norvic S. Abella
- Hon. Vic Hermogenes Z. Lozano
- Hon. Frangil L. Dagatan

**Joshua G. Abella**  
Barangay Secretary

**Clarabelle Borja**  
Barangay Treasurer

**Hon. Kim Kyle Buendia**  
SK Chairperson

Sangguniang Kabataan Members:

- Hon. MJ A. Brigole
- Hon. Angel Grace P. Quimzon
- Hon. Junel I. Marzon
- Hon. Maria Danah Rose P. Zabate
- Hon. Clarenz G. Daclan
- Hon. Lynard E. Dela Calzada Jr.
- Hon. Richlyn Ann L. Bendanillo



Republika ng Pilipinas  
Republic of the Philippines  
Kagawaran ng Edukasyon  
Department of Education



REHIYON VII, GITNANG VISAYAS  
Region VII, Central Visayas  
SANGAY NG LUNGSOD NG CEBU  
Division of Cebu City

DON SERGIO OSMEÑA SR. MEMORIAL NATIONAL HIGH SCHOOL

Pinatutunayan nito na si  
*This certifies that*

**ANAIYA CORINNE A. OYAO**

Learner Reference Number (LRN): 119886120953


ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
*has satisfactorily completed the requirements for graduation in Senior High School*

ACADEMIC TRACK  
SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS STRAND

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong  
*prescribed for Secondary Schools of the Department of Education and is therefore awarded this*

**KATIBAYAN**  
**DIPLOMA**

Nilagdaan sa **Lungsod ng Cebu**, Pilipinas nitong ika 12 ng Hulyo 20 23.  
*Signed in Cebu City, Philippines on the 12<sup>th</sup> day of July 20 23.*

  
**SHEILA T. YCONG, EdD**

Punongguro  
Principal

  
**NIMFA D. BONGO, EdD, CESO V**

Pansangay na Tagapamanihala ng mga Paaralan  
Schools Division Superintendent



Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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, 6b and 19a.)

Province OSBU Registry No. 2005 20276  
City/Municipality OSBU CITY

1. NAME ANITA MORIANE ARABES OTAO  
2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 18 JUNE 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
OSBU CITY MEDICAL CENTER OSBU CITY OSBU

5a. TYPE OF BIRTH X 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.) 2nd d. WEIGHT AT BIRTH 3550 grams

5. MAIDEN NAME (First) (Middle) (Last) MA. MADIN VALLERTE ARABES

7. CITIZENSHIP FIL. 8. RELIGION R.F.

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION WOMEN 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No. Street, Barangay) (City/Municipality) (Province)  
LARANCON OSBU CITY OSBU

13. NAME (First) (Middle) (Last) DAVID JARDOG OTAO

14. CITIZENSHIP FIL. 16. RELIGION R.F.

18. OCCUPATION SSG. GUARD 17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCTOBER 10, 2001 OSBU

19a. ATTENDANT X 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 9:25 am o'clock am/pm on the date stated above.

Signature J. Maria JOCHELYN OLITAN Address W. BATAISO AVENUE OSBU CITY  
Name in Print MsD. Date JUNE 18, 2005  
Title or Position \_\_\_\_\_

20. INFORMANT Signature M. Lopez JUVELYN JUARDO Address QUIOT OSBU CITY  
Name in Print MOTHER Date JUNE 18, 2005  
Relationship to the child \_\_\_\_\_

21. PREPARED BY Signature RICARDO SERRERA \_\_\_\_\_  
Name in Print OSBU \_\_\_\_\_  
Title or Position JUNE 18, 2005 \_\_\_\_\_  
Date \_\_\_\_\_

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR RICAR B. MOLO  
Signature \_\_\_\_\_  
Name in Print REGISTRATION OFFICER IV \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Date 15 JUL 2005

REMARKS/ANNOTATION

08917-BA-400EFR-00549-B1001

BEST POSSIBLE IMAGE



T001089174000054905312024001



CSM

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

ONDOrmitory



TISA

Casa Miro Towers



Bombanan

Susa

A. Lopez St

F. Pocano St



LABANGON



M. Perez St



Cebu Institute  
of Technology  
- University





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

MO0589IW202405305723 Date/Time Generated: 30 May 2024 02:21:15 PM

SS NUMBER <b>06-4865531-2</b>					
NAME					
(LAST NAME) <b>OYAO</b>	(FIRST NAME) <b>ANAIYA CORINNE</b>	(MIDDLE NAME) <b>ARABES</b>	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) <b>06182005</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>OYAO</b>		(FIRST NAME) <b>DAVID</b>	(MIDDLE NAME) <b>JANDOG</b>	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>ARABES</b>		(FIRST NAME) <b>MA. MAGIN</b>	(MIDDLE NAME) <b>VALIENTE</b>	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>72-B</b>		(STREET NAME) <b>KATIPUNAN ST.</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>LABANGON</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>147</b>	WEIGHT (IN KILOGRAMS) <b>47</b>	DISTINGUISHING FEATURE(S)	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER <b>(0993) 529-3987</b>	EMAIL ADDRESS <b>corinne.arabes@gmail.com</b>		
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (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					
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		Monthly Earnings		Monthly Income of Working Spouse (P) _____	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>- the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>- sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>- disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					