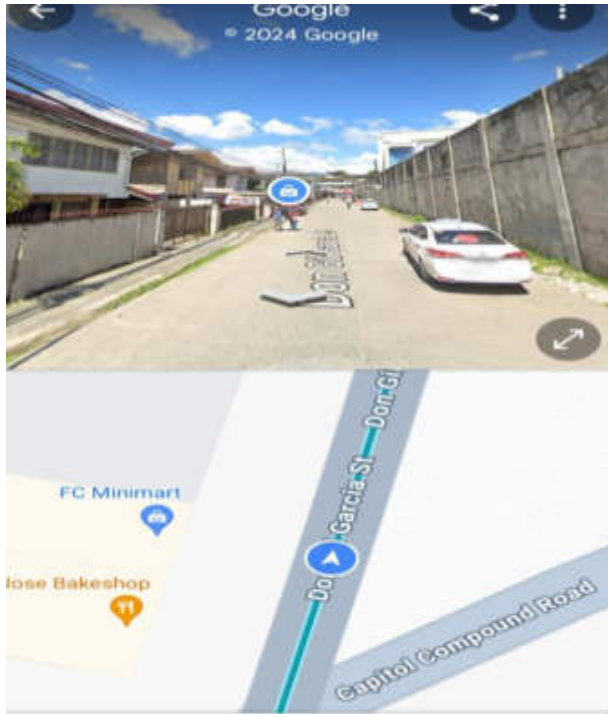


## NON CRITICAL REQUIREMENTS



248 Don Gil Garcia St

2 years ago · [See more dates](#) >

LANDMARK 1: THE STREET BESIDE SAN JOSE BAKESHOP.

GO STRAIT AND YOU MAY SEE ANOTHER LANDMARK WHICH IS A PARKING SPACE WITH HOUSES AROUND



248 Don Gil Garcia St

YOU MAY ASK FOR MARILYN ESTRERA TO ANYONE.

BARANGGAY CLEARANCE



Bureau of the Registrar  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

For use in connection with the Philippine Statistics Authority Act of 2003 (RA 9165)

Province: **QUEZON** Municipality: **QUEZON**

1. SEX:  Male  Female 2. DATE OF BIRTH: **07/02/2014**

3. PLACE OF BIRTH: **QUEZON CITY, QUEZON**

4. TYPE OF BIRTH:  Normal  Cesarean  Stillborn  Fetal Death

5. REGISTERED AT:  Home  Hospital  Other

6. SEX OF MOTHER:  Female  Male

7. NAME OF MOTHER: **ROSARIO**

8. OCCUPATION: **HOUSEWIFE**

9. NAME OF FATHER: **JOSE**

10. OCCUPATION: **HOUSEWIFE**

11. NAME OF FATHER: **JOSE**

12. NAME OF MOTHER: **ROSARIO**

13. NAME OF FATHER: **JOSE**

14. CHRISTIANITY: **PHILIPINO**

15. NAME OF MOTHER: **ROSARIO**

16. NAME OF FATHER: **JOSE**

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18. NAME OF FATHER: **JOSE**

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99. NAME OF MOTHER: **ROSARIO**

100. NAME OF FATHER: **JOSE**

55007-03-400CCP-00235-0003  
SLS 0000



Serial  
02717-00446-14-0  
Documentary  
Internal Use Only

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

**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF INTERIOR**

**OFFICE OF THE REGISTER GENERAL**

**MANILA**

**APPLICANT FOR DELAYED REGISTRATION OF BIRTH**

(After the parent/parents is/are 18 years old or over, or when the birth certificate was never registered)

Signature of Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

**SUBSCRIBED AND SWORN to before me on this 10th day of February 2009**

**AT THE OFFICE OF THE REGISTER GENERAL**

**MANILA**

Signature of Officer: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

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 Documentary  
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*Lisa Grace S. Bersales*  
**LISA GRACE S. BERSALES, Ph.D.**  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority  
 02217-004M:14-9

SSS - Screenshot of your SSS portal with your name

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**ESTRERA, CAREENA**  
SS Number: 06-4458299-7  
Your password will expire on Dec 01, 2024 | Your last login was on Jun 09, 2023 8:18:4

HOME MEMBER INFO INQUIRY BENEFITS LOANS SERVICES PAYMENTS

**Member Details**

**Address & Contact Information**

SS Number Status	0 - ACTIVE
Document Compliance	APPLICATION THRU THE WEB - WITH P
Membership Status	PERMANENT
Prior Registrant	NO
Date of SS Number Issuance	08/18/2022
Sex	FEMALE
Reporting Date	09-16-2022
Reporting ID	03-9147935-3
Latest ER ID	03-9147935-3
Latest ER Name	CONCENTRIX CVG PHILIPPINES, IN
Claim Flag Status	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number)	
Membership Type	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	MAKATH-GIL PUNAT
TIN Number	

PHILHEALTH ID





**MEMBER'S DATA FORM (MDF)**

2008 Reg-003 (Rev. 08/2007)  
 TIN 1902 (FORM 2316 IS TO BE FOLLOWED)

**INSTRUCTIONS**

1. Accompany this form to unit (1) only, if registration is this entire, the form should be submitted to unit as a single sheet of paper.
2. Submit photocopy of an issue unit (1) and (2) acceptable to the Fund.
3. List in order all names in SS (SSN) or (SST) IN LETTERS.
4. All fields marked with asterisk (\*) are mandatory.
5. In the OCCUPATIONAL STATUS section, if not indicated by member in previous employment, check "UNEMPLOYED" (U) EMPLOYED for full-time employment, check "PART-TIME" (PT) EMPLOYED for part-time employment, check "CHECK THIS BOX IF PART-TIME JOBS/WORKERS".
6. The NAME EXTENSION shall include, in order, the last, middle and first names of your birth certificate.
7. Include the full name of your FATHER and MOTHER on this section in your birth certificate.
8. Check "GOVERNMENT" option, indicate your job, profession, or type of work in your listing.
9. Check "NON-GOV" option, the profession or the type of occupation under the name Code, indicate what is classified.
10. In the subsequent change of information, please indicate and acknowledge Member's Change of Information Form (MCI) with PRR-002 and submit to any PRR-002 Branch nearest you.

**OCCUPATIONAL STATUS**     EMPLOYED     UNEMPLOYED (U) EMPLOYED  
 PART-TIME (PT) EMPLOYED

**MEMBERSHIP CATEGORY**

MANDATORY	VOLUNTARY	MEMBERSHIP CATEGORY	MEMBERSHIP CATEGORY
<input checked="" type="checkbox"/> EMPLOYED <input type="checkbox"/> FEMALE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSING <input type="checkbox"/> OVERSEAS FILIPINO MEMBER (OFM)	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> CARE GIVER PERSONAL <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ <input type="checkbox"/> OTHERS, Please specify _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT <input type="checkbox"/> SPANISH OFFICIAL EMPLOYEE <input type="checkbox"/> OTHERS, Please specify _____	<input type="checkbox"/> INDIVIDUAL PAYER <input type="checkbox"/> MEMBER OF GOVERNMENT <input type="checkbox"/> MEMBER OF TRADE UNION <input type="checkbox"/> NON-EMPLOYING SPOUSE <input type="checkbox"/> MEMBER OF POLITICAL GROUP <input type="checkbox"/> OVERSEAS FILIPINO MEMBER <input type="checkbox"/> TRAINING HOUSE STUDENT

**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (M, M, Jr, etc.)	MIDDLE NAME	NO. NICOLE NAME (check if applicable)
MEMBER	ESTRERA	CAPELLA			<input checked="" type="checkbox"/>
FATHER	(FEDERAN)	VERALCIO		POTRIDO	<input type="checkbox"/>
MOTHER ( Maiden Name)	ESTRERA	MARILYN		POKCHAF	<input type="checkbox"/>
SPOUSE ( Maiden Name)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

DATE OF BIRTH 01/19/1980	MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	PASSPORT IDENTIFICATION NUMBER (PIN) 6199 9219 159
PLACE OF BIRTH (Country/Province/City) Cebu City	COUNTRY FILIPINO	PASSPORT NUMBER 06-09502997
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT (in cm) 175	FREQUENCY OF MEMBERSHIP PAYMENTS (if member of MCI or not in payment schedule) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
COMMON REFERENCE NUMBER (CRM) <input type="checkbox"/> None	ADDRESS AND CONTACT DETAILS PERMANENT HOME ADDRESS (Country, No., Type, Building Name, Lot No., Block No., Phase, ZIP Code) DDB, GIL GARCIA EXT. CAPITOL SITE CEBU CITY 6000	
PRESENT HOME ADDRESS (Country, No., Type, Building Name, Lot No., Block No., Phase No., House No., Street Name) DDB, GIL GARCIA EXT. CAPITOL SITE CEBU CITY 6000	OTHER CONTACT (with consent) COUNTRY + AREA CODE    TELEPHONE NUMBER Home: _____ Cell: _____ Office: _____ Fax: _____ Email: _____	

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

TIN 1902 (FORM 2316 IS TO BE FOLLOWED)

