



Republic of the Philippines

Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines

University Charter: Republic Act No. 8688

Accredited State University; Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCUPI)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

CASSIE P. SILVA

STUDENT IDENTIFICATION NUMBER: 12-001827

having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium, upon recommendation of the Faculty of Cebu Normal University, duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines, is hereby granted the
DEGREE of

BACHELOR OF ELEMENTARY EDUCATION

Major in SPECIAL EDUCATION

with all the Rights, Honors, and Privileges thereto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are hereto affixed.

Given in Cebu City, Philippines this 30th day of March, 2016.



FLORDEL YNN B. ESGANA-ESCARDA, LL.B., MPA

University Registrar

FILOMENA T. DAYAGBIL, Ed.D.

College Dean

MARCELO T. LOPEZ, RN, Ed.D., DPA

University President

DATE OF ISSUE: APRIL 18, 2016



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY

Pag-IBIG MID No.

121168423499

REGISTRATION TRACKING NO: 916110143125					
Occupational Status		EMPLOYED			
Membership Category:		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SILVA	CASSIE		PEREZ	<input type="checkbox"/>
FATHER	SILVA	MANOLITO		ABADINAS	<input type="checkbox"/>
MOTHER (Mother Name)	PEREZ	CARMELITA		PEDROSA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SILVA	CASSIE		PEREZ	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TIN	
09/16/1995		SINGLE		327786493	
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		0637869973
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/PNP Employee, Serial/Badge No.
					For DECS Employee, Division Code-Station Code
					-
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				CONTACT NUMBER	
Unit/Room No./Floor		Building		(Indicate country code if abroad)	
				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Lot No.	Block No.	Phase No.	House No.	Street	
				UN AVENUE	
Subdivision		Barangay		Home	
MABOLO COMPOUND II		ALANG-ALANG		Cell Phone +63 0977 2380715	
Municipality/City		Province/State/Country		Business(Direct Line)	
MANDAUE CITY		CEBU, PHILIPPINES		Business(Trunk Line)	
DP Code				Email Address	
8014				cassiepereszilva@gmail.com	
PRESENT HOME ADDRESS					
Unit/Room No./Floor		Building	Lot no.	Block no.	Phase No.
House No.		Street	Subdivision		Barangay
		UN AVENUE	MABOLO COMPOUND II		ALANG-ALANG
Municipality/City		Province/State/Country		Zip Code	
MANDAUE CITY		CEBU, PHILIPPINES		8014	
Preferred Mailing Address		Present Address			



PhilHealth

Your Partner in Health



12-251535324-9

PhilHealth Number

SILVA, CASSIE PEREZ

Name

Signature



(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, 5b and 19a.)

Province <u>CEBU</u>		Registry No. <u>95-23333</u>			
City/Municipality <u>CEBU CITY</u>					
1. NAME (First) (Middle) (Last) <u>CASSTE</u> <u>PEREZ</u> <u>SILVA</u>		For OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>16</u> <u>SEPTEMBER</u> <u>1995</u>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER. CENTER & MATERNITY HOUSE INC., CEBU CITY, CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR. 41 <div style="border: 1px solid black; padding: 2px;">95 23333</div> 48 <input type="checkbox"/> 49 50 <div style="border: 1px solid black; padding: 2px;">2 160987</div> 56 <div style="border: 1px solid black; padding: 2px;">22178</div> 61 <input type="checkbox"/> 62 64 <div style="border: 1px solid black; padding: 2px;">02 3400</div> 68 69 <input type="checkbox"/> <input checked="" type="checkbox"/> 70 72 74 <div style="border: 1px solid black; padding: 2px;">02 02 04</div> 76 79 <div style="border: 1px solid black; padding: 2px;">272 23</div> 81 <div style="border: 1px solid black; padding: 2px;">22176</div> 86 87 <input type="checkbox"/> <input checked="" type="checkbox"/> 88 91 <div style="border: 1px solid black; padding: 2px;">221 29</div> 93 <div style="border: 1px solid black; padding: 2px;">052896 22178 101195</div> 94 <div style="border: 1px solid black; padding: 2px;">1220</div>		
	5a. TYPE OF BIRTH <u>X</u> <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.			b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)			d. WEIGHT AT BIRTH <u>3,400</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>CARMELITA</u> <u>PEDROSA</u> <u>PEREZ</u>		63 <input type="checkbox"/>		
	7. CITIZENSHIP <u>FIL.</u>			64 <input type="checkbox"/>	
	8. RELIGION <u>R.C.</u>				
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>			
9c. No. of children born alive but are now dead: <u>0</u>					
10. OCCUPATION <u>CASHIER</u>		11. Age at the time of this birth: <u>23</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>FRS. QUIRINO ST. VILLA AURORA, MABOLO, CEBU CITY, CEBU</u>					
FATHER	13. NAME (First) (Middle) (Last) <u>MANOLITO</u> <u>ABADINAS</u> <u>SILVA</u>		65 <input type="checkbox"/>		
	14. CITIZENSHIP <u>FIL.</u>			66 <input type="checkbox"/>	
	15. RELIGION <u>R.C.</u>				
16. OCCUPATION <u>MERCHANTISER</u>		17. Age at the time of this birth: <u>29</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 28, 1994</u> <u>CEBU CITY</u>					
19a. ATTENDANT <u>X</u> <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:52 p.m.</u> o'clock am/pm on the date stated above.					
Signature _____ Name in Print <u>HUMILDAD M. IGAR, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUER. CENTER & MAT. HOUSE INC., CEBU CITY</u> Date <u>SEPTEMBER 16, 1995</u>			
20. INFORMANT Signature _____ Name in Print <u>CARMELITA P. SILVA</u> Relationship to the child <u>MOTHER</u>		Address <u>FRS. QUIRINO, VILLA AURORA, MABOLO, CEBU CITY</u> Date <u>SEPTEMBER 16, 1995</u>			
21. PREPARED BY Signature _____ Name in Print <u>YEMESIO T. JAGMOC</u> Title or Position <u>CLERK</u> Date <u>SEPTEMBER 16, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ADA A. BUNEL</u> Title or Position <u>CLERK III</u> Date <u>OCT 11 1995</u>			

05870-G4-400JTC-00410-BI003

BReN

Lisa Grace S. Bernaldes

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

02217-A95TG0E-4

Documentary
Stamp Tax Paid

BEST POSSIBLE IMAGE



T400058704000041001272016003



Old M&J Taxi Garage

The Italian Food Specialists, Inc. - Cebu...

EXATECH Cebu Showroom
Appliance store

Castilex Industrial Cor

Carenderia

Purok Tindok

Three Sixty Pharmacy

ASPS Motor Sales
Used truck dealer

Yamaha 3S Shop
- Ace Cyclemotor
Recently viewed

7 min

Scottsdale Unit 5
Recently viewed

OCAR Autoworks

Cabancalan Elementary School
Recently viewed

Alino Compound

Hernan Cortes St

Castilex Dr



E-1

GOV-01214 (09-2015)

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

SS NUMBER

06-3786997-3

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)		
SILVA		CASSIE		FEREZ				09/16/1995		
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others						TAX IDENTIFICATION NUMBER (IF ANY)		
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)				(CITY, COUNTRY, if born outside the Philippines)		
FILIPINO		ROMAN CATHOLIC		CEBU CITY						
HOME ADDRESS		(RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)		
UN AVE., MARCO COMPOUND 2, MAJALIE CITY										
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE		
								6014		
MOBILE/CELLPHONE NUMBER			E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
09993564609			the-real-cassie06@gmail.com			NA				
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)				
SILVA		MAGLITO		ABADIAS						
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)				
FEREZ		GABRIELITA		TERESA						

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

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

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

SELF-EMPLOYED (SE) Profession/Business		OVERSEAS FILIPINO WORKER (OFW) Foreign Address		NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse			
Year Prof./Business Started				Monthly Income of Working Spouse (P)			
Monthly Earnings P		Monthly Earnings P		I agree with my spouse's membership with SSS.			
		<input type="checkbox"/> YES <input type="checkbox"/> NO		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.

SILVA, CASSIE D.
PRINTED NAME

SIGNATURE

02-11-16
DATE

RIGHT THUMB

RIGHT INDEX

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)				
		P				KEVIN ROSS S. ROSENTO Member Service Section 02-11-16 / 02:01 PM 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
P		P		HELEN ROSE P. ARIZOBAL Member Service Section Cebu City Branch		02-11-16				
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		SIGNATURE OVER PRINTED NAME		DATE & TIME				
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved								



REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID



CRN - 0111-6702113-8

SURNAME

SILVA

GIVEN NAME

CASSIE

MIDDLE NAME

PEREZ

SEX: F DATE OF BIRTH: 1995/09/16

ADDRESS

UN AVE. MABOLO CMPD 2
ALANG-ALANG MANDAUE CITY
CEBU PHL 6014



UMID

[Handwritten signature]



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

SILVA, CASSIE PEREZ

TIN: **327-786-493-000**

UN AVE., MABOLO CMPD.2

ALANG-ALANG, MANDAUE CITY 6014

CEBU

BIRTH DATE: 09/16/1995

ISSUE DATE: 02/10/2017



SIGNATURE