



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
Good Partner in Health



**12-051599721-6**

**NOLASCO, APRIL ROSE FACIOLAN**

APRIL 11, 2000 - FEMALE  
LOWER GOCHAN QUIOT PARDO CEBU CITY, CEBU -  
6000

*Nolasco*  
Signature



1 2 0 5 1 5 9 9 7 2 1 6

**FORMAL ECONOMY**

OFFICE OF THE PUNONG BARANGAY  
**CERTIFICATION**

**BARANGAY QUIOT OFFICIALS**

**HON. DANILO P. TEVES**  
Barangay Captain

**COUNCILORS**

**HON. HERBERT B. CONDE**  
Committee Chairman on Solid Waste Management, Trade, Commerce and Industry.

**HON. EDUARDO M. LLAMEDO**  
Committee Chairman on Health; Market and Slaughterhouse

**HON. DERECSO A. DELA CERNA**  
Committee Chairman on Environmental Protection and Beautification Peace and Order

**HON. GERARDO Q. AUXILIO JR.**  
Committee Chairman on Budget & Appropriations, Human Rights & Law and Governance; Rules & Privileges

**HON. VICTORINO M. LUNDAY**  
Committee Chairman on Street Lighting; Housing, & Land Utilization Health

**HON. CLEOFE I. MURILLO**  
Committee Chairman on Infrastructure, Public Works & Agriculture

**HON. JUSTINE BOB B. MURILLO**  
Committee Chairman on Social Services; Women and Family, Cooperatives and Senior Citizen

**Hon. Zheny Airen De la Cerna**  
Committee Chairman on Youth, Sports Development and Education

**MS. ROSIELDA C. TABADA**  
Barangay Treasurer

**MS. DAPHNNIE M. BONTILAO**  
Barangay Secretary



Complete name: **April Rose Faciolan Nolasco**  
Address: **Sitio Lower Gochan Quiot Cebu City**  
Civil Status: **SINGLE**  
Gender: **female**  
Date of Birth: **Apr 11, 2000**  
Place of Birth: **Cebu City**

**April Rose Faciolan Nolasco**  
Signature over printed name

This is to certify that the person whose name, signature and picture that appeared in this certification is a bonafide resident of Barangay Quiot, Cebu City and has appeared and requested a certification from this office.

This Certification is issued upon the request of the above named party in compliance with the requirement of **EMPLOYMENT PURPOSES ONLY.**

Issued Jun 13, 2024 at Barangay Quiot, Cebu City, Cebu, Philippines.

**HON. DANILO P. TEVES**  
Punong Barangay

OR Number: 6466184  
Amount Paid: 25.00  
Doc, Stamp: 30.00



# MEMBER'S DATA FORM (MDF)

HCP-PFF-039  
(010-04/2021)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD No.	121246541945
REGISTRATION TRACKING NO.	919120840996

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

Please specify

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MOBILE NO.	MC-REFILE NO.
MEMBER	NOLASCO	APRIL ROSE		FACILAN	<input type="checkbox"/>
FATHER	NOLASCO	DENESTI		GO	<input type="checkbox"/>
MOTHER (Maiden Name)	FACILAN	EVELYN		ELIC	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NOLASCO	APRIL ROSE		FACILAN	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/11/2000	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU, PHILIPPINES		FILIPINO		GSS NUMBER	
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/PAF Employee - Serial/Badge No.	
				For DepEd Employee - Division Code-Station Code	

## ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS						COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor			Building Name			Home	
Lot No.	Block No.	Phase No.	House No.	Street Name		Call Phone	
Subdivision			Barangay			Business (Direct Line)	
Municipality/City			Province/State/Country			Business (Trunk Line)	
CEBU CITY			CEBU, PHILIPPINES			Email Address	
ZIP Code							
6000							
PRESENT HOME ADDRESS							
Unit/Room No., Floor			Building Name			Phase No.	
House No.	Street Name		Lot No.	Block No.	Barangay		
Municipality/City			Province/State/Country			QUIOT PARDO	
CEBU CITY			CEBU, PHILIPPINES			ZIP Code	
6000			PERMANENT HOME ADDRESS				
PREFERRED MAILING ADDRESS							

THIS FORM MAY BE REPRODUCED, NOT FOR SALE



Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

Copy for (OCRG)

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 15a.)

REMARKS/ANNOTATION

Province CEBU  
City/Municipality CEBU CITY Registry No. 2000 08280

1. NAME (First) LAILA JOSE (Middle) (Last) PACIOLAN NOLASCO

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 11 APRIL 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) CEBU PUSH CENTER & MAT. HOUSE, INC., CEBU CITY CEBU

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.) FIRST d. WEIGHT AT BIRTH 5,000 grams

6. MAIDEN NAME (First) EVELYN (Middle) ELIO (Last) PACIOLAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive 1 b. No. of children still living including 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 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 442-2, KATIPONAN ST. LABANGON, CEBU CITY CEBU

13. NAME (First) JOSE (Middle) GO (Last) NOLASCO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SECURITY GUARD 17. Age at the time of this birth 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back. JUNE 24, 1999 - BONDA, CEBU

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilat (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born above at 9:30 o'clock am/pm on the date stated above.

Signature [Signature] Address CEBU PUSH CENTER & MAT. HOUSE, INC., CEBU CITY  
Name in Print PHYSICIAN Date APRIL 11, 2000

20. INFORMANT Signature [Signature] Address 442-2, KATIPONAN ST., LABANGON, CEBU CITY  
Name in Print EVELYN NOLASCO Date APRIL 11, 2000  
Relationship to the child MOTHER

21. PREPARED BY Signature [Signature] Address 442-2, KATIPONAN ST., LABANGON, CEBU CITY  
Name in Print CLERK Date APRIL 11, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature] Address 442-2, KATIPONAN ST., LABANGON, CEBU CITY  
Name in Print CLERK Date APRIL 11, 2000

For OCGR USE ONLY: Population Reference No. 1217-P004P-03-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 200008280

43 1

45 1104000

47 27178

49 1

51 1

53 013000

55 1

57 1

59 010100

61 220

63 28

65 27178

67 1

69 1

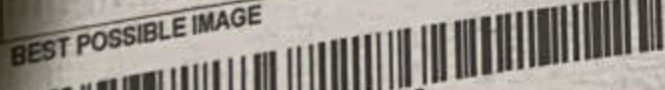
71 589

73 1

75 1

77 000199

03357-F9-005AMM-00107-BI002



BRen  
02217-B00HB0Q-4  
Documentary  
Stamp Tax Paid

*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



Republika ng Pilipinas  
 Republic of the Philippines  
 Kagawaran ng Edukasyon  
 Department of Education  
 REHIYON 7, GITNANG VISAYAS  
 Rehiyon VII, Central Visayas  
 SANGAY NG LUNGOD NG CEBU  
 Division of Cebu City



**DON VICENTE RAMA MEMORIAL NATIONAL HIGH SCHOOL**

Pinatunayan nito na si  
 This certifies that

**APRIL ROSE F. NOLASCO**

Learner Reference Number (LRN): 119666060491

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

**ACADEMIC TRACK**  
**GENERAL ACADEMIC STRAND**

**KATIBAYAN**  
**DIPLOMA**

Nilagdaan sa Lungod ng Cebu, Pilipinas nitong ika 4 ng Abril 2019.  
 Signed in Cebu City, Philippines on the 4th day of April 2019.



**MARLOU T. BALDELA CUESTA, LLB.**  
 Punong-guro  
 Principal

**BIANTO A. DAGATAN, ED. D. CESO V**  
 Pansangay na Tagapamanihala ng mga Paaralan  
 Schools Division Superintendent



**NOLASCO, APRIL ROSE FACIOLAN**

SS Number: 06-4280252-7

 Your password will expire on Jul 21, 2024 | Your last login was on May 27, 2024 7:31:56 PM thru the SSS Website

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[SERVICES](#)

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