



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-250946866-2**

**OROS, VAYNARD LANCE DULA**

SEPTEMBER 08, 2003 - MALE

110-B CABANTAN STREET SITIO MABUHAY LUZ CEBU  
CITY, CEBU - 6000

Signature



1 2 2 5 0 9 4 6 8 6 6 2

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

MDF Page 002 Page 000 (ONLY)	
Page 001 of 001	121330003001
REGISTRATION INFORMATION:	803298100323

MEMBER FROM: STATE/ UNEMPLOYMENT NET EMPLOYEE

MEMBERSHIP CATEGORY: Please specify

**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	DATE OF BIRTH	MOBILE NAME	NO. MOBILE NUMBER
MEMBER	SMITH	DAVID LANCE		CELL	<input type="checkbox"/>
PERSONAL	SMITH	HELEN	JK	BARBARA	<input type="checkbox"/>
MEMBER (PERSONAL)	SMITH	AMANDA		FRANCINE	<input type="checkbox"/>
OFFICER (PERSONAL)					<input type="checkbox"/>
MEMBER (PERSONAL)	SMITH	DAVID LANCE		CELL	<input type="checkbox"/>

TYPE OF SERVICE		EMPLOYMENT STATUS		MEMBER'S ORGANIZATION	
EMPLOYED		EMPLOYED		MEMBER'S ORGANIZATION	MEMBER'S PHONE
PLACE OF BIRTH:		CITY/STATE		ISS NUMBER	MEMBER'S PHONE
CITY/STATE/ZIP		CITY/STATE		ISS NUMBER	
ISS NUMBER	ISS DATE	ISS DATE	ISS DATE	ISS NUMBER	
MEMBER'S REFERENCE NUMBER (ISS)		MEMBER'S REFERENCE NUMBER (ISS)		MEMBER'S REFERENCE NUMBER (ISS)	
MEMBER'S REFERENCE NUMBER (ISS)		MEMBER'S REFERENCE NUMBER (ISS)		MEMBER'S REFERENCE NUMBER (ISS)	

**ADDRESS AND CONTACT INFORMATION**

MEMBER'S HOME ADDRESS					CITY/STATE/ZIP + MOBILE PHONE + TELEPHONE NUMBER	
ADDRESS NO. (LINE)	STREET NAME				CITY	
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER

MEMBER'S WORK ADDRESS					CITY/STATE/ZIP + MOBILE PHONE + TELEPHONE NUMBER	
ADDRESS NO. (LINE)	STREET NAME				CITY	
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER
CITY	STATE NO.	PHONE NO.	STATE NO.	AREA CODE	AREA CODE	PHONE NUMBER



# OFFICE OF THE PUNONG BARANGAY

**HON. RENATO S. LABRADOR**  
Barangay Captain

**BARANGAY COUNCILORS**

**HON. TITO B. DURANO**

Chairman  
Committee on Organization, Inspection  
and Security, Information  
Committee on Agriculture, Housing and  
Land Allocation

**HON. CARL NELSON L. ARNOCO**

Chairman  
Committee on Public Services, Health and Safety  
Committee on Law

**HON. RAFAEL ANTHONY R. CUERRA**

Chairman  
Committee on Health, Nutrition, & Senior  
Citizens Committee on Education

**HON. ANDREW C. PONCE**

Chairman  
Committee on Social Welfare, Disaster Relief  
and Rehabilitation  
Committee on Public Services  
Committee on Employment, Livelihood  
Management, Development  
and Production

**HON. ROANNE T. TUICO**

Chairman  
Committee on Gender, Development and Social  
Justice

**HON. MA. NIDA C. CABRERA**

Chairman  
Committee on Tourism and Culture

**HON. HENRY C. SON**

Chairman  
Committee on Social Health Management  
Committee on Urban Planning and Development

**HON. ALDINA BETH L. SOBIE**

Chairman  
Committee on Youth and Sports Development

**MRS. NANCY R. VIGAS**

Chairman

**MS. MIRA L. TURA**

Chairman

**MR. JOSE S. LABRADOR**

Chairman

## BARANGAY CLEARANCE


To whom it may concern:

This is to certify that **VAYNARD LANCE D. OROS** is a bona fide resident of Sitio **MABUHAY**, Barangay Luz, Cebu City.

She/He is known to me to be a person of good moral character and has good standing in the community.

This certification is issued upon the request of subject person as part of the requirements for **EMPLOYMENT**.

Done this **18<sup>th</sup>** day of **JUNE 2024**, at Barangay Luz, Cebu City, Philippines.

  
**HON. RENATO S. LABRADOR**  
Barangay Captain

OFFICIAL SEAL  
GENUINITY

ISSUED BY: **JEREX C. AMPON**  




Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> This certificate, according to the laws of the Philippines, shall be given to the person whose name is hereon stated. It shall be valid for all purposes.		REGISTRATION DIVISION	
Province: <b>000</b> City/Municipality: <b>000 000</b>		Registration No.: <b>0000 26176</b>	
1. NAME (Last, First, Middle) <b>REYNALD JAMES DELA CRUZ</b>		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
2. SEX <b>MALE</b>		3. DATE OF BIRTH (Year, Month, Day) <b>SEPTEMBER 2005</b>	
4. PLACE OF BIRTH (Name of Hospital, Clinic, Dispensary, etc.; Name of Street, Barangay, etc.) <b>GENCO VSA HOSPITAL, PORTO COMRA, 000 000, 000</b>		10. SEX OF CHILD AT THE OFFICE OF THE CIVIL REGISTRAR	
5. TYPE OF BIRTH (1 Single, 2 Twin, 3 Other) <b>ONE</b>		6. IF MULTIPLE BIRTH, CHILD WAS (1 First, 2 Second, 3 Third, 4 Fourth)	
7. BIRTH ORDER (One child only, Two children, etc.) <b>FIRST</b>		8. HEIGHT AT BIRTH (In centimeters, inches, etc.) <b>5,000</b>	
9. MOTHER'S NAME (Last, First, Middle) <b>APRA SIS REYNOLDS DELA CRUZ</b>		10. SEX OF CHILD AT THE OFFICE OF THE CIVIL REGISTRAR	
10. CITIZENSHIP (1 Filipino, 2 Alien, 3 Other) <b>FILIPINO</b>		11. RELIGION (1 Roman Catholic, 2 Other) <b>ROMAN CATHOLIC</b>	
12. OCCUPATION (1 No occupation, 2 Being educated, 3 Other) <b>NONE</b>		13. No. of months of mother's pregnancy (1-9) <b>9</b>	
14. RESIDENCE (Name of Street, Barangay, etc.; City/Municipality) (Printed) <b>PORTALTA, COMPOSTELA, 000</b>		14. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
15. NAME (Last, First, Middle) <b>REYNALD JAMES DELA CRUZ</b>		15. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
16. CITIZENSHIP (1 Filipino, 2 Alien, 3 Other) <b>FILIPINO</b>		16. RELIGION (1 Roman Catholic, 2 Other) <b>ROMAN CATHOLIC</b>	
17. OCCUPATION (1 No occupation, 2 Being educated, 3 Other) <b>PROFESSIONAL WORKER</b>		17. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, example: Single at Subic Bay, Negros Occidental, Philippines, at 14 years of age.) <b>MAY 31, 2001, COMPOSTELA, 000</b>		18. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
19. ATTENDANT (1 Midwife, 2 Nurse, 3 Other) <b>000</b>		19. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
20. CERTIFICATION OF BIRTH (Having been duly observed by both of the other two registrars also at 5:45 P.M., a week elapsed after the birth of the child)		20. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
Signature: <b>APRILINA E. BARRERA, R.N., PORTO COMRA, 000 000</b> Name of Registrar: <b>ATTORILYN BARRERA</b> Date: <b>SEPTEMBER 10, 2005</b>		21. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
21. INFORMATION (Name, Address, etc.) <b>000</b>		21. AGE OF THE CHILD AT THE TIME OF BIRTH (In years, months, days)	
22. PREPARED BY (Name, Address, etc.) <b>000</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature, Name, Address, etc.) <b>000</b>	

000266



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



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

REHIYON 7, GITNANG VISAYAS  
*Region VII, Central Visayas*  
SANGAY NG LUNGSOD NG CEBU  
*Division of Cebu City*



## MABOLO NATIONAL HIGH SCHOOL

Pinatutunayan nito na si  
*This certifies that*

**Vaynard Lance D. Oros**

Learner Reference Number (LRN): **119927090163**

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

**TVL TRACK  
CSS STRAND**

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


## **KATIBAYAN**

**DIPLOMA**

Nilagdaan sa **Lungsod ng Cebu**, Pilipinas nitong ika **31 ng Mayo 2024**.  
*Signed in Cebu City, Philippines on the 31<sup>st</sup> day of May 2024.*

  
**MARILOU V. PALAG EdD JD**

Punongguro  
*Principal*

  
**NIMFA D. BONGO EdD CESO V**

Pansangay na Tagapamanihala ng mga Paaralan  
*Schools Division Superintendent*



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

0829VH33-ML-10110879

NAME OF APPLICANT  
DION

IDENTIFICATION NUMBER  
DULA

RESIDENCE  
110 B CABANTAN ST. SITIO MARIWAY BARRIO LIZ CEBU CITY

DATE OF ISSUE  
September 08, 2023

CITIZENSHIP  
FILIPINO

STATUS  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

DATE OF BIRTH  
June 09, 2023  
SEX  
MALE  
LAST NAME  
VAZ NANG LANCE  
MARRIAGE STATUS  
SINGLE



CITIZEN'S SEX  
MALE



0829VH33-ML-10110879

ATY. MEDARDO G. DE LEMOS  
DIRECTOR

Signature: *Medardo G. de Lemos*  
Name: M. G. De Lemos  
Title: Director  
Office: Director's Office  
Date Issued: 09/08/2023  
Printed Name: M. G. De Lemos

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

0829VH33-ML-10110879

NAME OF APPLICANT  
DION

IDENTIFICATION NUMBER  
DULA

RESIDENCE  
110 B CABANTAN ST. SITIO MARIWAY BARRIO LIZ CEBU CITY

DATE OF ISSUE  
September 08, 2023

CITIZENSHIP  
FILIPINO

STATUS  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

DATE OF BIRTH  
June 13, 2023  
SEX  
MALE  
LAST NAME  
VAZ NANG LANCE  
MARRIAGE STATUS  
SINGLE



CITIZEN'S SEX  
MALE

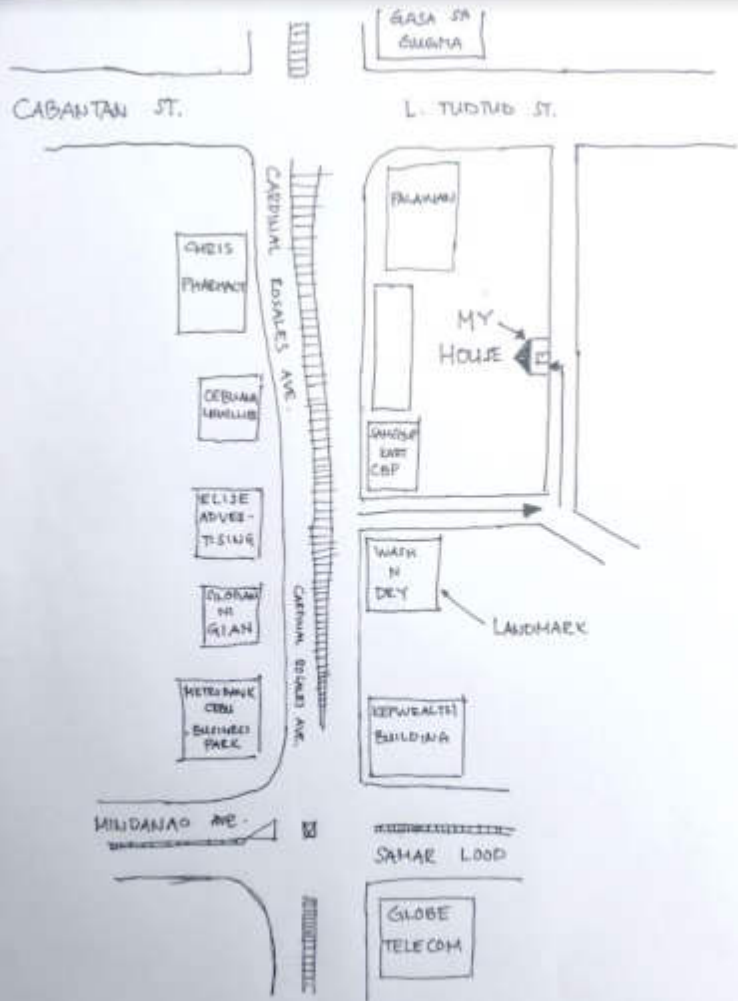


0829VH33-ML-10110879

ATY. MEDARDO G. DE LEMOS  
DIRECTOR

Signature: *Medardo G. de Lemos*  
Name: M. G. De Lemos  
Title: Director  
Office: Director's Office  
Date Issued: 09/08/2023  
Printed Name: M. G. De Lemos

PERSONAL COPY



SKETCH OF RESIDENCE



**OROS, VAYNARD LANCE DULA**

SS Number: 06-4691050-9

**!** Your password will expire on Dec 15, 2024 | Your last login was on Jun 18, 2024 1:30:20 PM thru the SSS Website

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