



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121332926832
REGISTRATION TRACKING NO	923345292783

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY <span style="float: right;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PORLACEN	CLARENCE DAVE		CEBALLOS	<input type="checkbox"/>
FATHER	PORLACEN	CHRISTOPHER		LOPEZ	<input type="checkbox"/>
MOTHER (Maiden Name)	CEBALLOS	MARY JANE		RAFOLS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PORLACEN	CLARENCE DAVE		CEBALLOS	<input type="checkbox"/>
DATE OF BIRTH 10/25/2005		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH TALISAY CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER 0647029693
SEX MALE	HEIGHT(cm) 160.00	WEIGHT(kg) 45.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i>

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 BONTORES	Cell Phone +63 (0936) 3558391
Subdivision			Barangay MOHON		Business (Direct Line)
Municipality/City TALISAY CITY			Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code 6045			Email Address porlacenclarendave@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	Block No., Phase No.
House No.		Street Name BONTORES		Subdivision	
Municipality/City TALISAY CITY			Province/State/Country CEBU, PHILIPPINES		ZIP Code 6045
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



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

MO0409IW202311239877 Date/Time Generated: 23 November 2023 01:42:09 PM

<b>SS NUMBER</b> <b>06-4702969-3</b>
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NAME			
(LAST NAME) <b>PORLACEN</b>	(FIRST NAME) <b>CLARENCE DAVE</b>	(MIDDLE NAME) <b>CEBALLOS</b>	(SUFFIX)

**FACTS OF BIRTH**

DATE OF BIRTH (MMDDYYYY) <b>10252005</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF TALISAY</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>MALE</b>
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FATHER'S NAME (LAST NAME) <b>PORLACEN</b>	(FIRST NAME) <b>CHRISTOPHER</b>	(MIDDLE NAME) <b>LOPEZ</b>	(SUFFIX)
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MOTHER'S MAIDEN NAME (LAST NAME) <b>CEBALLOS</b>	(FIRST NAME) <b>MARY JANE</b>	(MIDDLE NAME) <b>RAFOLS</b>	(SUFFIX)
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**DEMOGRAPHIC DATA**

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>PUROK ALEGRE</b>	(STREET NAME)	(SUBDIVISION)
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(BARANGAY/DISTRICT/LOCALITY) <b>MOHON</b>	(CITY/MUNICIPALITY) <b>CITY OF TALISAY</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6045</b>	COUNTRY CODE <b>0063</b>
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CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>160</b>	WEIGHT (IN KILOGRAMS) <b>50</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
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**OTHER CARD APPLICANT DATA**

TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0936) 355-8391</b>	EMAIL ADDRESS <b>porlacenclarendave@gmail.com</b>
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**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**

<b>SELF-EMPLOYED (SE)</b>  Profession/Business  <hr/> Year Prof./Business Started  <hr/> Monthly Earnings  <hr/>	<b>OVERSEAS FILIPINO WORKER (OFW)</b>  Foreign Address  <hr/> <hr/> Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b>  SS No./Common Reference No. of Working Spouse  <hr/> <hr/> Monthly Income of Working Spouse (P) _____
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**PURPOSE OF APPLICATION**

PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
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**UMID CARD APPLICATION WITH ATM OPTION**

UMID CARD AS ATM CARD (BANK NAME) \_\_\_\_\_ (BANK BRANCH) \_\_\_\_\_

**CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION**

1. I certify that the information provided are true and correct.  
 2. I hereby consent to:  
 • 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;  
 • sharing of these data with SSS service providers to carry out the purposes stated above; and  
 • disposal of this application in the manner consistent with the Data Privacy Act.  
 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000  
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871  
www.philhealth.gov.ph



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

PhilHealth Identification Number (PIN): **122538882982** PhilSys Number :  
Member Category : **DIRECT CONTRIBUTOR - SELF**  
**EARNING INDIVIDUAL - INDIVIDUAL** NHTS Coverage : **N/A**  
Validity Period : **N/A**

**PORLACEN, CLARENCE DAVE CEBALLOS**

UPPER MOHON, TALISAY, CEBU - 6045

Foreign Address : **N/A** Sex : **MALE**  
Date of Birth : **10/25/2005**  
Place of Birth : **MINGLANILLA, CEBU**  
Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**  
(Local) : **/09363558391** Tax Identification Number:

**ENTITY INFORMATION**

Philhealth Number (PEN/POGN) : **N/A**  
Name of Employer/Organized Group : **N/A**  
Business Address : **N/A**  
Telephone Number : **N/A** Employment Status: **N/A**  
Tax Identification Number : **N/A** Date : **N/A**

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

**MARJORIE A. CABRIETO**  
REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.

This is a system generated report. Signature is not required. Printed At : CEBU CITY - CEBU



(Copy for UCRN)

Municipal Form No. 102  
(Revised January 1999)

(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, 5b and 19a.)

REMARKS/ANNOTATION

Province CEBU Registry No. 2005-2171  
City/Municipality MINGLANILLA

1. NAME (First) (Middle) (Last)  
CLARENCE DAVE CEBALLOS FORLACEN

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
25TH OCTOBER 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
MINGLANILLA DISTRICT HOSPITAL MINGLANILLA CEBU

5a. TYPE OF BIRTH  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)  
THIRD (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3345 grams

6. MAIDEN NAME (First) (Middle) (Last)  
MARY JANE RAPOLS CEBALLOS

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3  
b. No. of children still living including this birth: 3  
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
MOJON TALISAY CITY CEBU

13. NAME (First) (Middle) (Last)  
CHRISTOPHER LOPEZ FORLACEN

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION LABORER 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
MAY 28, 1998 MOJON, TALISAY CITY, CEBU

19a. ATTENDANT  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 12:05 a.m./p.m. o'clock am/pm on the date stated above.

Signature [Signature] Address MINGLANILLA DISTRICT HOSPITAL  
Name in Print JOY D. CAPUPUS, M.D. Address MINGLANILLA, CEBU  
Title or Position MEDICAL OFFICER III Date OCTOBER 25, 2005

20. INFORMANT  
Signature [Signature] Address MOJON, TALISAY CITY, CEBU  
Name in Print CHRISTOPHER L. FORLACEN Address MOJON, TALISAY CITY, CEBU  
Relationship to the child FATHER Date OCTOBER 25, 2005

21. PREPARED BY  
Signature [Signature]  
Name in Print CHERYLL A. PADIN, R.M.  
Title or Position REGISTERED MIDWIFE  
Date OCTOBER 25, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ZENaida C. JAKUSAL  
Title or Position Municipal Civil Registrar  
Date NOV 07 2005

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





Republic of the Philippines  
Province of Cebu  
City of Talisay  
**Barangay Mohon**  
**OFFICE OF THE BARANGAY CAPTAIN**  
(032) 273-2090, FB: [barangaymohon@yahoo.com](mailto:barangaymohon@yahoo.com)

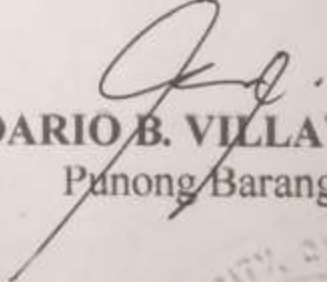


## BARANGAY CLEARANCE

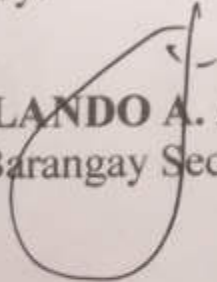
### TO WHOM IT MAY CONCERN:


This is to certify that **CLARENCE DAVE C. PORLACEN**, single/married/ separated/widow, 18 years old, Filipino citizen a resident of Zone 5 Barangay Mohon, Talisay City, Cebu, is personally known to be a law-abiding citizen and is a person of good moral character. That of my personal knowledge, he/she has not committed nor been involved in any kind of unlawful activities in this Barangay.

Issued this 14<sup>th</sup> day of JUNE, 2024 at Barangay Mohon, City of Talisay, Province of Cebu, Philippines, for whatever legal purpose it may serve him/her best. **FOR EMPLOYMENT PURPOSES.**

  
**DARIO B. VILLAVER**  
Panong/Barangay

Prepared by:

  
**ROLANDO A. ARTIAGA**  
Barangay Secretary

  
\_\_\_\_\_  
Applicant Signature



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36566526

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.  
P642JCZE50-L07907185

FAMILY NAME  
PORLACEN

MIDDLE NAME  
CEBALLOS

ADDRESS  
UPPER MOHON TALISAY CITY CEBU

DATE OF BIRTH  
October 25, 2005

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
December 28, 2024

FIRST NAME  
CLARENCE DAVE

HUSBAND'S SURNAME

PLACE OF BIRTH  
MINGLANILLA CEBU

CIVIL STATUS  
SINGLE



SIGNATURE

GENDER  
MALE



Date Printed: Thursday, December 28, 2023 03:55 PM

Agency	L07	DATE	pepitof
CASID	pepitof	BIOD	pepitof
O.R. No.	MP82GFIEXW	RECID	
O.R. Date	12/28/2023 3:50:36 PM	INTID	
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P642JCZE50-L07907185

ATTY. MEDARDO G. DE LEMOS  
Director



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36566526

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.  
P642JCZE50-L07907185

FAMILY NAME  
PORLACEN

MIDDLE NAME  
CEBALLOS

ADDRESS  
UPPER MOHON TALISAY CITY CEBU

DATE OF BIRTH  
October 25, 2005

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
December 28, 2024

FIRST NAME  
CLARENCE DAVE

HUSBAND'S SURNAME

PLACE OF BIRTH  
MINGLANILLA CEBU

CIVIL STATUS  
SINGLE



SIGNATURE

GENDER  
MALE



Date Printed: Thursday, December 28, 2023 03:55 PM

Agency	L07	DATE	pepitof
CASID	pepitof	BIOD	pepitof
O.R. No.	MP82GFIEXW	RECID	
O.R. Date	12/28/2023 3:50:36 PM	INTID	
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P642JCZE50-L07907185

ATTY. MEDARDO G. DE LEMOS  
Director

PERSONAL COPY

REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation

PhilHealth  
Philippines Health Insurance Corporation



**12-253888298-2**  
**PORLACEN, CLARENCE DAVE**  
**CERBALLOS**  
OCTOBER 23, 2005 - MALE  
UPPER MOHON TALSAY, CEBU - 6043



1 2 2 5 3 8 8 8 2 7 6 2



**CERTIFICATION**

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



**EMMANUEL R. LEDESMA, JR.**  
Acting President and Chief Executive Officer (CEO)

TO CEBU SOUTH ROAD ←

→ TO CEBU CITY

VECO

ST. PETER  
MEMORIAL  
CHAPEL

CEBU SOUTH  
MEMORIAL  
GARDEN, INC.

SOUTH ROAD PROPERTIES

SUREBRIGHT  
MANUFACTURING

BOUTHERS  
BASKETBALL  
COURT



← TO BAKANGAY MOHON

ROLANDO A. ARTIAGA  
Secretary  
Brgy. Mohon, City of Talisay

TALISAY  
CITY  
HALL

SOUTH ROAD PROPERTIES