



REPUBLIC OF THE PHILIPPINES  
Province of Cebu  
City of Carcar  
**BARANGAY POBLACION I**  
Tel. No. (032) 273-0143

---

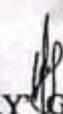
**BARANGAY CLEARANCE**

TO WHOM IT MAY CONCERN:

This clearance is hereby granted to SAMANTHA NICOLE PATUCANA LARGO, 24 years old single/married/widow and a resident of Dam, Poblacion I, Carcar City, Cebu, and has no criminal record on file as of this date.

This clearance is being issued upon the request of the above mentioned name for LOCAL EMPLOYMENT purpose this may serve.

Given on this 24<sup>th</sup> day of June, 2024.

For.   
SPHERE "LUCKY" G. VARGA  
Punong Barangay

Not Valid  
Without Seal

Com. Tax No.  
Issued at:  
On: June 24, 2024  
O.R. No.: 2104931  
Amount: ₱ 80.00



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39436515

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. <b>L620ISSE00-L071254486</b>	VALID UNTIL <b>June 24, 2025</b>
FAMILY NAME <b>LARGO</b>	FIRST NAME <b>SAMANTHA NICOLE</b>
MIDDLE NAME <b>PATUCANA</b>	HUSBAND'S SURNAME
ADDRESS <b>DAM POBLACION 1 SAN JOSE STREET CARCAR CITY CEBU</b>	
DATE OF BIRTH <b>September 19, 2000</b>	PLACE OF BIRTH <b>CARCAR CEBU</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>
GENDER <b>FEMALE</b>	



SIGNATURE

*pp*

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**



Date Printed: Monday, June 24, 2024 12:20 PM



L620ISSE00-L071254486

*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	8BT9XSBT	RECID	
O.R. Date	06/24/2024 12:17:21 PM	INTID	
DST PAID		PRTID	pepitof



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorardo 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](http://www.philhealth.gov.ph)



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

PhilHealth Identification Number (PIN) : 12-251814250-8 PhilSys Number : N/A

Member Type : DIRECT CONTRIBUTOR - SELF NHTS Coverage : N/A  
 EARNING INDIVIDUAL - VALIDITY PERIOD : N/A  
 INDIVIDUAL

**LARGO, SAMANTHA NICOLE PATUCANA**

SAN JOSE ST DAM, POBLACION I, CITY OF CARCAR, CEBU - 6019

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 09/19/2000  
 Place of Birth : CITY OF CARCAR, CEBU

Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number :

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN) : N/A  
 Name of Entity/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
-----	---------	------------	-------------	-----	----------	---------------

\*\*\* NO DECLARED DEPENDENTS \*\*\*

**MARJORIE A. CABRIETO**

REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

**Paalala:** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makinabang ng benepisyo, magbigay ng kopya sa ospital.

**(Reminder: 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

06/26/2024 08:29:08 AM 30797422 30797422 / 06/26/2024



(Copy for ODRG)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Page X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province <u>CEBU</u>		Registry No. <u>2000-2065</u>
City/Municipality <u>CARCAR</u>		
1. NAME (First) (Middle) (Last) <u>SAMANTHA BELORE PATUCANA LARAO</u>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19</u> <u>SEPTEMBER</u> <u>2000</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>TULAY, POBLACION 11, CARCAR, CEBU</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
6. BIRTH ORDER (Five births and total deaths including this delivery) (first, second, third, etc.) <u>3rd</u>		7. WEIGHT AT BIRTH <u>2722</u> grams
8. MOTHER NAME (First) (Middle) (Last) <u>ELMIRA MENDOS PATUCANA</u>		
9. CITIZENSHIP <u>FILIPINO</u>		10. RELIGION <u>ROMAN CATHOLIC</u>
11. Total number of children born alive: <u>3</u>	12. No. of children still living including this birth: <u>3</u>	13. No. of children born alive but are now dead: <u>0</u>
14. OCCUPATION <u>HOUSEWIFE</u>		15. Age at the time of this birth: <u>32</u> years
16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>TULAY, POBLACION 11 CARCAR, CEBU</u>		
17. NAME (First) (Middle) (Last) <u>FERNANDO BACAY LARAO</u>		
18. CITIZENSHIP <u>FILIPINO</u>		19. RELIGION <u>ROMAN CATHOLIC</u>
20. OCCUPATION <u>EMPLOYEER</u>		21. Age at the time of this birth: <u>31</u> years
22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 6, 1997 CARACAN CITY</u>		
23a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
23b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:12</u> o'clock am/pm on the date stated above.		
Signature: <u>[Signature]</u> Name in Print: <u>WILMA BARRIOS</u> Title or Position: <u>MDM</u>		Address: <u>Poblacion 11, Carcar, Cebu</u> Date: <u>September 19, 2000</u>
24. INFORMANT Signature: <u>[Signature]</u> Name in Print: <u>LUANA ALONSO</u> Relationship to the child: <u>birth attendant</u>		Address: <u>Tawog, Valladolid, Carcar</u> Date: <u>October 2, 2000</u>
25. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>GUENETH V. GARFOS</u> Title or Position: <u>MR - CLERK</u> Date: <u>October 2, 2000</u>		26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>SILVANO V. CORDERO</u> Title or Position: <u>MINISTERIAL CLERK</u> Date: <u>October 2, 2000</u>

REGISTRATION USE ONLY:  
Registration Reference No. 6214-100TK01-1

FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

0 1 1 2 2 6 6 5

1

5

1 1 1 1 1

1

0 3 2 7 2 2

1 1

1 3 1 3 1 1

7 0 1 3 0

1 1

6 4 5 3 1

1

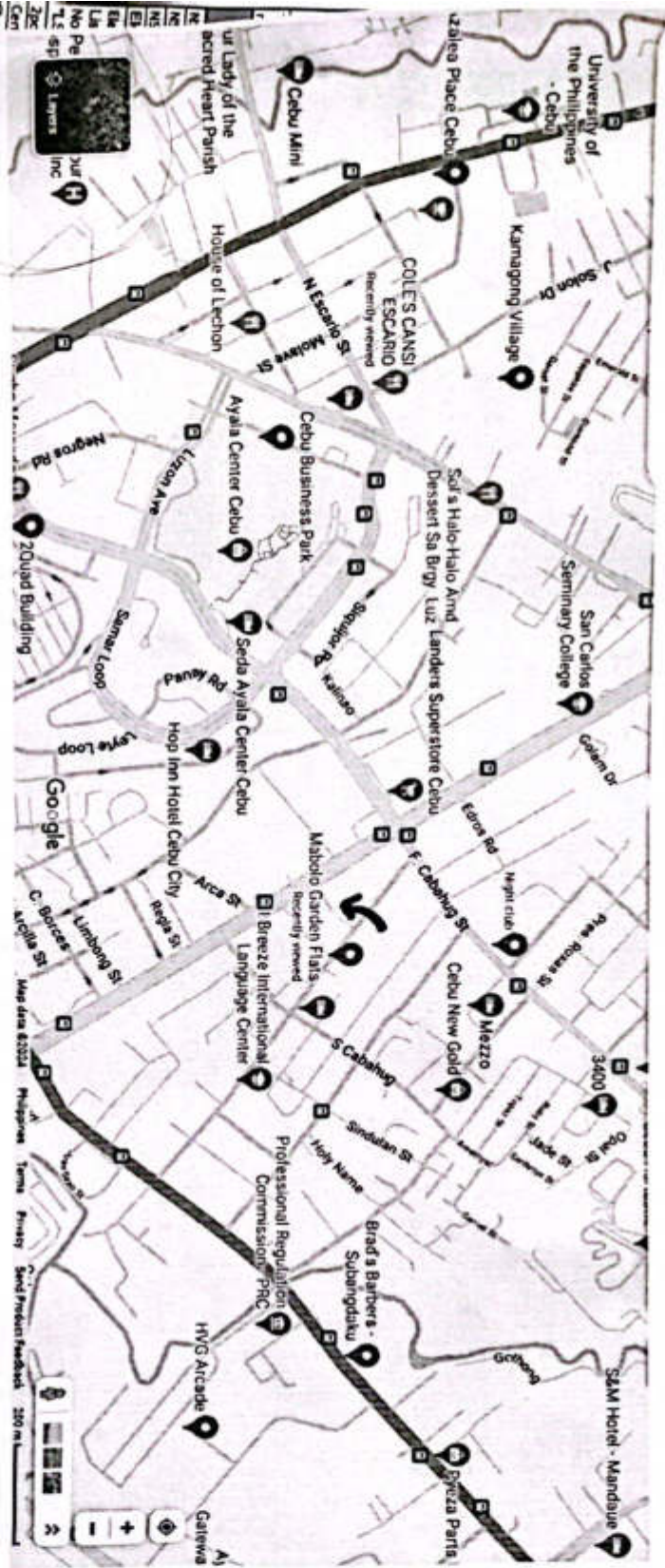
000189

08941-96-400PCD-00175-BI001  
BEST POSSIBLE IMAGE  
  
T001089414000017506242024001



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

SR900419761





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

MO0623IW202406259952 Date/Time Generated: 25 June 2024 12:41:57 PM

SS NUMBER <b>06-4895280-8</b>					
<b>NAME</b>					
(LAST NAME) <b>LARGO</b>	(FIRST NAME) <b>SAMANTHA NICOLE</b>	(MIDDLE NAME) <b>PATUCANA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>09192000</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF CARCAR</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>LARGO</b> (FIRST NAME) <b>FERNANDO</b> (MIDDLE NAME) <b>BACON</b> (SUFFIX)					
MOTHER'S MAIDEN NAME (LAST NAME) <b>PATUCANA</b> (FIRST NAME) <b>ELENITA</b> (MIDDLE NAME) <b>MAÑADOS</b> (SUFFIX)					
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) <b>SAN JOSE STREET</b>					
(BARANGAY/DISTRICT/LOCALITY) <b>POBLACION I</b>	(CITY/MUNICIPALITY) <b>CITY OF CARCAR</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6019</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>150</b>	WEIGHT (IN KILOGRAMS) <b>39</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL. NO.) <b>032-5645306</b>	MOBILE NUMBER <b>(0939) 280-9826</b>	EMAIL ADDRESS <b>samanthalargo.19@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started				_____	
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) _____	
		Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)					
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
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/updates 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. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.					