



BARANGAY GUADALUPE

Republic of the Philippines
Cebu City
Barangay Guadalupe Hall, V. Rama Ave., Guadalupe Cebu City
(032) 433 4031/503 4458 Email: barangayguadalupe@social.gov.ph

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that CHRISTIAN CARREROS GONZALES (DOB: December 26, 1998) is a resident of the Barangay with postal address at SITO SAN ISIDRO, BUNAHILLS, Barangay Guadalupe Cebu City since birth up to the present.

This Certification is issued upon the request of CHRISTIAN CARREROS GONZALES in connection with his/her application for **ESTABLISHMENT OF RESIDENCY (Employment) Requirement**.

Any Erasure &/or Alteration should be properly counter-signed by the issuing officer, otherwise it renders this document null and void.

Done this 8th day July, 2024 at Barangay Guadalupe Cebu City, Philippines.




CHRISTIAN C. GONZALES
Signature Overprinted Name



APOL ROSS G. ENRIQUEZ
Barangay Captain

By the Authority of the Barangay Captain:


CLIFF Y. RACUYA
Barangay Councilor

APOL ROSS G. ENRIQUEZ

Barangay Captain
Chairman, Committee on Health
Chairman, Committee on ADSSA

CONSEJO G. GO

Barangay Secretary

ANNADZA G. SALAME

Barangay Treasurer

MATHEW JOSE H. ESTENZO

Organizing Education Chairman
Chairman, Committee on Youth & Sports Development

BARANGAY COUNCILORS:

ROBERTO A. CAMU

Ch. Comm. on Education
Ch. Comm. on Health Management
Ch. Comm. on Labor & Social Work

MICHAEL M. GACASAN

Chairman, Committee on Agriculture & Coastal Services
Chairman, Committee on Public Works Dept.

EUGENIO F. FAJINAR

Chairman, Committee on Labor-Trade Management

NOEL B. NAVAJA

Chairman, Committee on Public Services

CLIFF Y. RACUYA

Ch. Comm. on Social Services
Ch. Comm. on Agriculture
Ch. Comm. on Public Services

ALBERT C. GASITAN

Ch. Comm. on Labor & Employment
Ch. Comm. on Agriculture & Other Development

ALEX B. SEMILLA

Ch. Comm. on Peace & Order



REMARKS/ANNOTATION	
<p>Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p>Province: CEBU City/Municipality: CEBU CITY Registration No.: 38-34912</p>	
<p>1. NAME: CHRISTIAN GABRIEL GONZALES</p> <p>2. SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>3. DATE OF BIRTH: 26 DECEMBER 1998</p>	<p>4. PLACE OF BIRTH: BUNA HILLS, GUADALUPE CEBU CITY</p> <p>5A. TYPE OF BIRTH: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin</p> <p>5B. IF MULTIPLE BIRTH CHILD WAS: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other Specify</p> <p>6. BIRTH ORDER: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th</p> <p>7. WEIGHT AT BIRTH: 2922 grams</p>
<p>8. MOTHER NAME: EVANGELINE GONZALES GONZALES</p> <p>9. CITIZENSHIP: FILIPINO ROMAN-CATHOLIC</p> <p>10. OCCUPATION: HOUSE</p> <p>11. AGE AT THE TIME OF BIRTH: 27 years</p>	<p>12. RESIDENCE: BUNA HILLS GUA GUADALUPE CEBU CITY CEBU</p> <p>13. NAME: UNKNOW N</p> <p>14. CITIZENSHIP: N/A</p> <p>15. RELIGION: N/A</p> <p>16. AGE AT THE TIME OF BIRTH: N/A</p>
<p>18. DATE AND PLACE OF MARRIAGE OF PARENTS: N/A</p>	
<p>19A. ATTENDANT: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Traditional Midwife) <input type="checkbox"/> Other Specify</p>	
<p>19B. CERTIFICATION OF BIRTH: I hereby certify that I recorded the birth of the child who was born alive at 1:00 o'clock on the date and place above.</p> <p>Signature: LINDA G. FLORES BUNA HILLS, GUADALUPE-CEBU CITY Name in Print: L.F. Date: 12-26-1998</p>	
<p>20. INFORMANT: Signature: EVANGELINE GONZALES BUNA HILLS, GUADALUPE CEBU CITY Name in Print: E.G. Date: 12-26-98 Relationship to the child: No Child</p>	
<p>21. PREPARED BY: Signature: LINDA G. FLORES BUNA HILLS, GUADALUPE-CEBU CITY Name in Print: L.F. Date: 12-26-98 Title or Position: CLERK-I Date: 12-27-1998</p>	
<p>RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature: LISA GRACE S. BERSALES Name in Print: LISA GRACE S. BERSALES Title or Position: CLERK-I Date: 01/22/99</p>	

05373-GH-400MPD-00482-B1001

BEST POSSIBLE IMAGE



AJ100575-178

BRON 02217-A98Y812-2

Documentary Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NO.											
1	2	1	2	4	7	5	6	0	5	8	5
REGISTRATION TRACKING NO.											

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Submit photocopy of at least one (1) valid ID acceptable to the Fund.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
6. The "NAME EXTENSION" shall refer to JR., II, III and the like.
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEREDITY" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCI, HQP-PFF-048) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED	<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOBSEEKERS			

*MEMBERSHIP CATEGORY			
MANDATORY		VOLUNTARY	
<input checked="" type="checkbox"/> EMPLOYED	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> INDIVIDUAL PAYOR
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> MEMBER OF TRADE UNION
<input type="checkbox"/> PRIVATE HOUSEHOLD	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> OTHERS, Please specify _____	<input type="checkbox"/> NON WORKING SPOUSE
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	Please specify: _____		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP
	<input type="checkbox"/> OTHERS, Please specify _____		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
			<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. JR., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Gonzales	Christian		Cabreros	<input type="checkbox"/>
FATHER	Gonzales	Roberto			<input type="checkbox"/>
*MOTHER (Maiden Name)	Cabreros	Evangeline			<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 1 2 2 6 1 9 9 8		*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN)	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 168 (cm)	WEIGHT 75 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
COMMON REFERENCE NUMBER (CRN) (if Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		EMPLOYEE NUMBER	
				For AFP/FPNP Employee, Serial/Brigade No.	
				For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., Hazza No Street Name Sito San Isidro Buena Hills					(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	*Cell Phone
Guadalupe	Cebu City	Philippines	6000		+63 9281905431
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., Hazza No Street Name Sito San Isidro Buena Hills					Business (Direct Line)
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Trunk Line) Local
Guadalupe	Cebu City	Philippines	6000		Email Address
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.