



(Copy for OCRG)

Statistical Form No. 102
Revised January 1999

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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

734

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 7b and 18a.)

Province CEBU City/Municipality CEBU CITY Registry No. 99 12196

1. NAME (First) (Middle) (Last)
VIRGILIO JR. CABANILLA BEJARANO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
29 MAY 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CEBU PUB. CENTER & MATERNITY HOUSE, INC., CEBU CITY, 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 (five births and fetal deaths including this delivery) SECOND (first, second, third, etc.) d. WEIGHT AT BIRTH
3,000 grams

6. MAIDEN NAME (First) (Middle) (Last)
ROLANDA TIOY CABANILLA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 1

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
MARAVAY BI, PLAGE, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
VIRGILIO BALONG BEJARANO SR.

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

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

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accompany Affidavit of Acknowledgment/Admission of Paternity at the back)
SEPTEMBER 2, 1997 - STA. ROSA LAMPASA CITY

18a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) Others (Specify)

19a. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 11:14 AM on the date stated above.)

Signature: [Signature] Address: CEBU PUB. CENTER & MAT. HOUSE, CEBU CITY, CEBU
Name in Print: RODOLFO B. BARRERA Date: MAY 29, 1999
Title or Position: PHYSICIAN

20. INFORMANT Signature: [Signature] Address: MARAVAY BI, PLAGE, CEBU CITY
Name in Print: ROLANDA BEJARANO Date: MAY 26, 1999
Relationship to the child: MOTHER

21. PREPARED BY Signature: [Signature] Name in Print: MARILYN T. VERA Title or Position: CLERK Date: MAY 29, 1999
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: QUEILA N. DE JESUS Title or Position: REGISTRAR GENERAL OFFICER Date: JUL 08 1999

99 12196
7
29 05 99
21 78
12 02 99
72 20 30
02 78
08 9 80

04058-FC-400KCR-00875-BI002
BEST POSSIBLE IMAGE

BReN
02217-A99JV0D-7

Carmelita N. Ericta

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



Documentary
Stamp Tax Paid





Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4203399-8

BEJARASCO, VIRGILIO JR. CABANILLA

Birthdate: 05/29/1999





Pag-IBIG Fund

(Home Development Mutual Fund)

HQP-PFF-007

OCTOBER 21, 2019
Date

BEJARASCO JR. , VIRGILIO CABANILLA

Dear Sir/Madam:

We are pleased to inform you that **121237732700** is your assigned Pag-IBIG Membership ID (MID) Number. Membership with the Fund shall be activated only upon remittance and posting of your initial membership savings (MS). Thereafter, use your Pag-IBIG MID in remitting MC, paying loan amortization, availing loan programs and other business transactions with the Fund.

Should you have any query/clarification regarding this notice, please visit or call this Branch.

Very truly yours,



(Name and Designation of Authorized Signatory)

CEBU - COLON BRANCH
5th Floor Gaisano Capital South
Brgy. Kalubihan, Colon St., Cebu City
Contact No. (032)221-2918; Email us at: colon.me@pagibigfund.gov.ph



AMAZON OPERATION SERVICES PHILIPPINES, INC.

Philam Life Center Cebu, Cardinal Rosales corner Samar Loop, Cebu Business Park, Barangay Luz, Cebu City, 6000

November 23, 2023

Employment Certification Letter for Virgilio Jr Cabanilla Bejarasco

To whom it may concern:

This digital letter serves to certify that Virgilio Jr Cabanilla Bejarasco, was a full-time seasonal employee of Amazon Operation Services Philippines, Inc. from August 22, 2023 to November 21, 2023. His last held designation was CS Associate [S] and was based in our Philippines office. His annual base salary was PHP 256,800.

All applicable clearances have been completed.

If you require further clarification, please feel free to email email-hr-apac@amazon.com or call +63 32 402 8200.

For Amazon Operation Services Philippines, Inc.,

A handwritten signature in black ink, appearing to read "Jan Pedrosa".

Jan Pedrosa
Sr. HR Business Partner

This document should be treated with high confidentiality. For further verification of information stated in this letter, you may contact email-hr-apac@amazon.com.

THIS IS AN AUTOMATED CERTIFICATE. NO WET SIGNATURE REQUIRED.



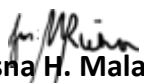
November 12, 2021

CERTIFICATE OF EMPLOYMENT

This is to certify that **VIRGILIO JR. BEJARASCO** was an employee of WIPRO Philippines Inc. and that the employment details that follow are true and correct:

Hire Date:	October 31, 2019
Status:	Separated
Separation Date:	June 06, 2021
Employment Type:	Regular
Position Held:	Associate
Department:	Operations

This certificate is issued to reflect the employment period and position of the employee at the time of separation and for whatever legal purposes it may serve him/her.

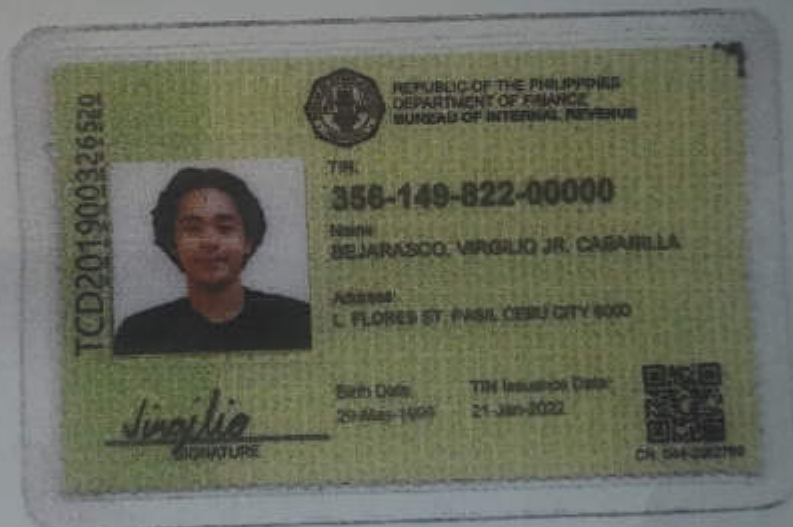

Risha H. Malaque
Deputy Manager, Human Resources

Business Unit:

Wipro Philippines Inc.
Cebu I.T. Tower, Cor. Archbishop Reyes Ave. T: +63 032 230 1000
& Mindanao St. Cebu Business Park,
Cebu City, Philippines – 6000

Sensitivity: Internal & Restricted

TEL. NO. 1-111
111



MP 52 LHEKZS





REPUBLIC OF THE PHILIPPINES
 PROVINCE OF CEBU
 CITY OF CEBU
BARANGAY PASIL
 Tel. no.: (032) 266-5285



OFFICE OF THE BARANGAY CAPTAIN

BARANGAY OFFICIALS

HON. FRANCISCO S. DE GRACIA JR.
 Barangay Captain

HON. JULITO D. CABASA
 Committee on Finance, Ways
 and Appropriations

HON. JOCELYN E. ALMACEN
 Committee on Health

HON. ROMEO E. OCAROL SR.
 Committee on Infrastructure
 and Public Works

HON. STEVEN S. ACEBEDO
 Committee on Education and Culture

HON. PEACHY A. ABEJO
 Committee on Social Services

HON. JOSEPH JONAS R. OCAÑA
 Committee on Disaster Risk
 Reduction Management

HON. BONIFACIO C. BOHOL
 Committee on Peace and Order

HON. DAVE YLAYA
 SK Chairperson
 Committee on Sports and Youth
 Development

MS. CHERRY MAE B. DACUA
 Barangay Treasurer

MS. LUCIA C. COLIPANO
 Barangay Secretary

O.R. No.: 4133897
 Date Issued: 07/12/2024
 Amount Paid: 70.00

BARANGAY CLEARANCE

To whom it may concern:

This is to certify that VIRGILIO C. BEJARASCO JR. of legal age, Filipino, single/married, is presently residing at this Barangay with a postal address of ZONE 1, MAHAYAHAY 2, PASIL, CEBU CITY, which is under my area of jurisdiction.

NO DEROGATORY RECORD

This is being issued upon the request of the name stated above for **EMPLOYMENT REQUIREMENTS** and/or for whatever legal purposes this may serve him/her best.

Given this 12th day of July 2024 at Barangay Hall, Pasil, Cebu City, 6000, Philippines.



Yours in public service,

HON. FRANCISCO S. DE GRACIA JR.
 Barangay Captain

With the authority of the Barangay Captain

BONIFACIO C. BOHOL
 Brgy. Pasil Councilor
 Barangay Councilor

Prepared by:

LUCIA C. COLIPANO
 Barangay Secretary

Invalid without official seal / valid for 6 months from the date issued

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2023 09787**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) **ASTERIA BLESS** (Middle) **CASTRO** (Last) **BEJARASCO**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **04** (Month) **JUNE** (Year) **2023**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **N.A.** 5c. BIRTH ORDER (Order of the child as provided in birth including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3000** grams

MOTHER
7. MAIDEN NAME (First) **ROSEMEL** (Middle) **UDTO** (Last) **CASTRO**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of the birth (completed years) **21**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
86-L FLORES, STREET PASIL, CEBU CITY CEBU PHILIPPINES

FATHER
14. NAME (First) **VIRGILIO JR.** (Middle) **CABANILLA** (Last) **BEJARASCO**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of the birth (completed years) **24**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
86-L FLORES, STREET PASIL, CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

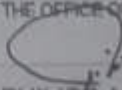
21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)


21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **05:48 A.M.** on the date of birth specified above.

Signature  Address **SAMCH - BASAK SAN NICOLAS**
Name in Print **DR. MARIA CORINA E. LUMAPAS** **CEBU CITY, CEBU**
Title or Position **Contractual Medical Officer III** Date **JUNE 04, 2023**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature  Signature 
Name in Print **ROSEMEL U. CASTRO** Name in Print **JEBONIE ANNE L. SATUITA**
Relationship to the Child **Mother** Title or Position **Nurse II**
Address **96-L Flores, Street Pasil, Cebu City Cebu** Date **June 04, 2023**



23. PREPARED BY
Signature 
Name in Print **PHILIP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **JUN 13 2023**

24. RECEIVED BY
Signature 
Name in Print **UZ N. CUGAY**
Title or Position **Administrative Aide III**
Date **JUN 13 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date _____

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)
CERTIFIED TRUE COPY
AMES A. MAGLASANG
REGISTRATION OFFICER IV

29°



Pasil Barangay Hall



La Diem Café

R. Magsaysay St



Pasil Elementary School

L. Abellar St



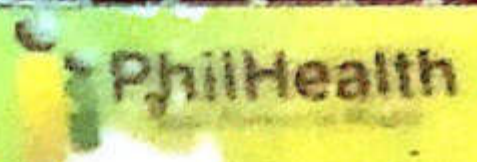
missionaries of Charity



Google



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-025768117-9

**BEJARASCO JR, VIRGILIO
CABANILLA**

MAY 29, 1999 - MALE

MAHAYAHAY II PASIL CEBU CITY, CEBU - 6000

Virgilio



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INFORMAL ECONOMY