

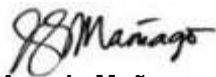
Certificate of Employment and Clearance

This is to certify that **Ms. HONEY JOYCE BERMEJO** was an employee of **Cognizant Technology Solutions Philippines, Inc.** as **Process Executive - Voice** from **June 21, 2021** to **June 17, 2023**.

Ms. BERMEJO has been cleared from all accountabilities with the company.

This certification is being issued for whatever legal purpose it may serve.

Given this **14th day of August 2023** in Taguig City, Philippines.



Angela Mañago

Senior Manager, Human Resources

Email: EmploymentCheckPH@cognizant.com

Cognizant Technology Solutions Philippines, Inc.





Medgrupee Polyclinics & Diagnostic Center, Inc.
 2nd Level, AMI Centre, A. Sillano Jr. Ave., NDA, Malabon, Cebu City
 Tel # (032) 232-2732/266-3445
 www.grinccare.ph

BILL TO :
 (000160) IPLAY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu

STAFFING SOLUTIONS
 8/2/24
 09:29
 REMINDER: YOU WILL HAVE 30



SERVICE ORDER

Priority No.	0038
S.O No.	466799
S.O Date	07/22/2024
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 103230
 PATIENT NAME : BERMIELO, HONEY JOYCE MARAVILLAS
 PATIENT ADDRESS : Dumlog, City of Talisay, Cebu
 MOBILE NO. : 09167027178
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLAY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 10/24/2000
 AGE : 23
 CIVIL STATUS : Single
 SK/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	PLAY PERM	1.00	800.00	800.00

DRUG TEST : CBC, UA, ST, SE, ME, PE, E, COM, H, L, ALL
 THE FOLLOWING TESTS WITHIN THIS DAY, OTHERWISE YOU
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT
 AVAILMENT!

PREPARED BY: FLOREN A. MARIÑOS
 JUL 22 2024
 BIOMETRICS DONE

Signature Over Printed Name

VALIDATED BY: [Signature]

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
SK/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

I acknowledge that I was duly informed by Prime Care Alpha employees to pay the above mentioned bills. I have reviewed the prices listed on the ISO and agree to the charges associated with the products and services.
 ***** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM *****
 Date Created: 07/22/2024 10:17 AM



(Copy for OCRG)

MSRB Form No. 102 (Revised January 1993) (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, 10 and 19c.)

Province CEBU Registry No. 200-115
City/Municipality SIBONGA

1. NAME (First) (Middle) (Last)
Honey Joyce Maravillas Bermejo

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
26 Oct. 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Manstad, Sibonga, Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHLD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH
2495 grams

5. MAIDEN NAME (First) (Middle) (Last)
Marishell Feresores Maravillas

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION House Wife 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Manstad, Sibonga, Cebu

13. NAME (First) (Middle) (Last)
Jinny Cruz Bermejo

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Painter 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 22, 1999 at Sibonga, Parish Church

19a. ATTENDANT 1 Physician 2 Nurse X 3 Midwife
4 Healer (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 5:30 a.m. - o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address Papan, Sibonga, Cebu
Name in Print MARISITA RABAUDE
Title or Position Midwife Date Oct. 24, 2000

20. INFORMANT
Signature [Signature] Address Manstad, Sibonga, Cebu
Name in Print ARON MARAVILLAS
Relationship to the child Grandfather Date Oct. 24, 2000

21. PREPARED BY
Signature [Signature]
Name in Print NECTORA L. BLANCO
Title or Position clerk
Date October 25, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print BERNARDO MENDOZA
Title or Position RCR
Date 10/25/2000

REMARKS/ANNOTATION

For CGRS USE ONLY: Population Reference No. 200-115

8 2 1 0 6 1 1 5

2 2 4 1 6 2 0

2 2 4 2 1

1 1 1 1 1 1

6 1 2 1 2 1

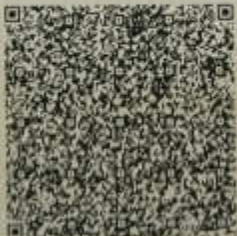
2 2 0 2 6

2 2 4 6 7

7 3 1 1 1

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





MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121241058032
REGISTRATION TRACKING NO.	919009759120

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO. MIDDLE NAME
MEMBER	BERMEJO	HONEY JOYCE	MARAVILLAS <input type="checkbox"/>
FATHER	BERMEJO	JIMMY	ORTIZ <input type="checkbox"/>
MOTHER (Maiden Name)	MARAVILLAS	MARISHELL	PERESORES <input type="checkbox"/>
SPOUSE (If Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BERMEJO	HONEY JOYCE	MARAVILLAS <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
10Q4/2000	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
SIBONGA, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP Employee, Serial/Badge No.
			For Dep'd Employee, Division Code-Station Code

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.	Cell Phone
	House No.	Street Name	+63 (0915) 7027178
		SITIO BAYBAY	Business (Direct Line)
Subdivision	Barangay		Business (Trunk Line)
	DUMLOG		Email Address
Municipality/City	Province/State/Country		honeyjoyce2410@gmail.com
TALISAY CITY	CEBU, PHILIPPINES		
ZIP Code			
6045			
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No.	Block No.
			Phase No.
House No.	Street Name	Subdivision	Barangay
	SITIO BAYBAY		DUMLOG
Municipality/City	Province/State/Country		ZIP Code
TALISAY CITY	CEBU, PHILIPPINES		6045
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME		
Unit/Room No., Floor		Building Name		Basic		0.00
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others	0.00
Subdivision			Barangay		Total Mt. Income	
Municipality/City			Province		OFFICE ASSIGNMENT	
State/Country (if abroad)			ZIP Code		DATE EMPLOYED	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

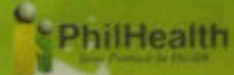
HERS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
[]						

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
_____ Signature over Printed Name	_____ Designation/Position
_____ Branch/Unit	JUL 19 2024

DISCLAIMER
Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051593008-1

**BERMEJO, HONEY JOYCE
MARAVILLAS**



OCTOBER 26, 2000 - FEMALE
SITIO EL NIDO LAJONG (POB.) CEBU CITY, CEBU - 6000



1 2 0 5 1 5 9 3 0 0 8 1

Bermejo

FORMAL ECONOMY

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.

ROY B. FERRER, M.D., MSc.
Acting President and Chief Executive Officer



One Montage



RB Construction Supply



41 min



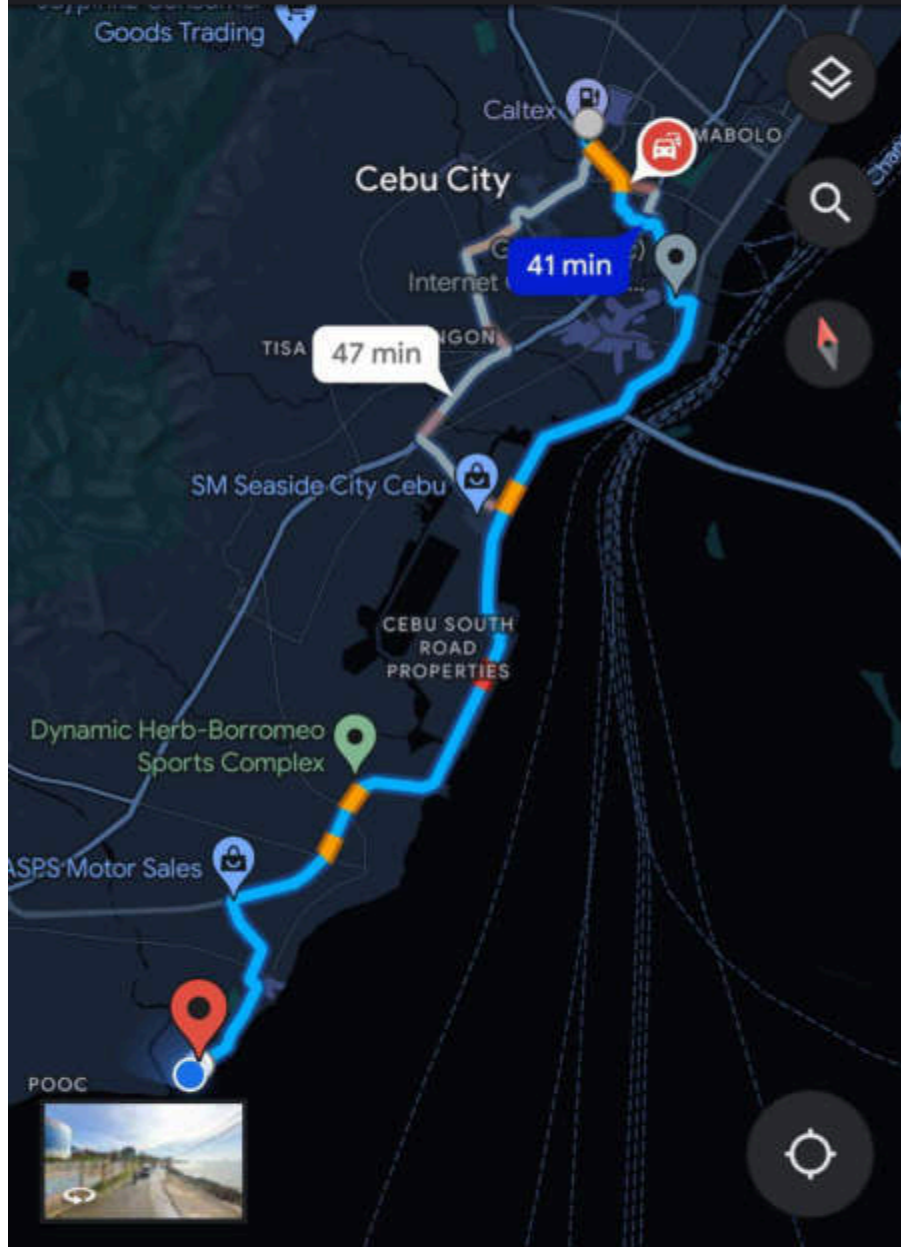
36 min



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2 hr 57



41 min (15 km)

Fastest route now due to traffic conditions



Start



Steps



Pin



member.sss.gov.ph/members



7



Republic of the Philippines
SOCIAL SECURITY SYSTEM



BERMEJO, HONEY JOYCE MARAVILLAS

SS Number: 06-4227018-8

Your password will expire on Oct 03, 2024 | Your last login was on Jul 09, 2023 9:46:50 PM thru the SSS Website

HOME

MEMBER INFO

INQUIRY

BENEFITS

LOANS

SERVICES

PAYMENT REFERENCE NUMBER (PRN)

LOGOUT



RECORD FOUND

Information displayed is as of 7/19/2024.

TIN:	REGISTERED NAME:	TIN Status:	REMARKS
354506244	HONEY JOYCE MARAVILLAS BERMEJO	ACTIVE	Matched



Cebu Normal University
 Office of the University Registrar
 Osmeña Blvd., Cebu City 6000, Philippines
 Telephone: (032) 284-0000 • E-Mail: registrar@com.edu.ph
 School Code: 6378

Member: Accrediting Agency of Chartered
 Colleges & Universities of the Philippines
 Inc. (AACCUF)

OFFICIAL TRANSCRIPT OF RECORDS

Student Name : **BERMEJO, HONEY JOYCE MARAVILLAS**

Subject Title & No	Description	Grade	Unit
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Cebu Normal University, Cebu City

First Semester 2019-2020

BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 1	The Child and Adolescent Learner and Learning Principles	1.60	3.0
GE 1	Logic	1.40	3.0
GE 2	Understanding the Self	1.30	3.0
MM 1	History of Mathematics	2.10	3.0
MM 2	Trigonometry	2.50	3.0
NSTP 1	National Service Training Program	1.20	3.0
PE 1	Physical Education 1	1.20	2.0

Second Semester 2019-2020

BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 2	Foundation of Special and Inclusive Education	1.80	3.0
Educ 3	Building and Enhancing New Literacies across the Curriculum	1.80	3.0
GE 3	Mathematics in the Modern World	1.50	3.0
MM 3	College and Advanced Algebra	1.70	3.0
MM 4	Plane and Solid Geometry	2.40	3.0
MM 5	Logic and Set Theory	2.20	3.0
NSTP 2	National Service Training Program	1.00	3.0
PE 2	Physical Education 2	1.30	2.0

First Semester 2020-2021

BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 4	Technology for Teaching and Learning	1.40	3.0
Educ 5	The Teaching Profession	1.70	3.0
GE 4	Ethics	2.00	3.0
Lit 1	Literatures of the Philippines	1.30	3.0
MM 6	Calculus I with Analytic Geometry	1.50	4.0
MM 7	Modern Geometry	1.60	3.0
MM 8	Mathematics of Investment	2.20	3.0
PE 3	Physical Education 3	1.30	2.0

NOTE : This transcript is original if it bears the embossed seal of the university and the ink signature of the Registrar.

NOT VALID WITHOUT
SEAL

OR No. 391039
 Dated 06-30-2023

com - schools - document - 07-15-2023 09:11:58am

JASON P. SIBEQUIL, LPT
 University Registrar III



OFFICIAL TRANSCRIPT OF RECORDS

Student Name :	BERMEJO, HONEY JOYCE MARAVILLAS		
Subject Title & No	Description	Grade	Unit
Cebu Normal University, Cebu City			
<i>Second Semester 2020-2021</i>			
BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 6	Facilitating Learner-Centered Teaching	1.40	3.0
GE 5	Purposive Communication	1.80	3.0
GE 6	Wikang Filipino	1.80	3.0
Ljt 2	Literatures of the World	1.20	3.0
MM 10	Number Theory	1.90	3.0
MM 11	Linear Algebra	1.60	3.0
MM 12	Elementary Statistics & Probability	2.50	3.0
MM 9	Calculus II	2.50	4.0
PE 4	Physical Education 4	1.00	2.0
<i>First Semester 2021-2022</i>			
BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 10	The Teacher and the School Curriculum	2.60	3.0
Educ 7	Educational Research	1.10	3.0
Educ 8	Assessment in Learning 1	2.10	3.0
Educ 9	Field Study 1	1.40	3.0
GE 13	Masining na Pagpapahayag	1.40	3.0
MM 13	Calculus III	1.70	4.0
MM 14	Advanced Statistics	1.40	3.0
MM 15	Problem Solving, Mathematical Investigation and Modelling	1.50	3.0
MM 16	Principles and Strategies of Teaching Mathematics	1.40	3.0
<i>Second Semester 2021-2022</i>			
BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 11	Assessment of Learning 2	1.60	3.0
Educ 12	Field Study 2	1.40	3.0
Educ 13	The Teacher and the Community, School Culture and Organizational Leadership	1.50	3.0
MM 17	Abstract Algebra	1.60	3.0
MM 18	Instrumentation and Technology for Mathematics	1.10	3.0
MM 19	Assessment and Evaluation in Mathematics	1.20	3.0
MM 20	Differential Equations	2.30	3.0
<i>First Semester 2022-2023</i>			
BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS (B.S.ED.-MATH)			
Educ 15	Teaching Internship	1.50	6.0

NOTE : This transcript is original if it bears the embossed seal of the university and the ink signature of the Registrar.

NOT VALID WITHOUT
SEAL

OR No. 391039
Dated 06-30-2023

Doc : salsaha | Date issued : 07-15-2023 09:11:59am

JASON P. SÁBEQUIL, LPT
University Registrar III



Cebu Normal University
Office of the University Registrar
Osmeña Blvd., Cebu City 6000, Philippines
Telephone: (032) 254-8667 E-Mail: registrar@cnu.edu.ph
School Code: 0774

Member: Accrediting Agency of Chartered
Colleges & Universities of the Philippines
Inc. (AACCCU-P)

SOUTHWESTERN UNIVERSITY
P I L I N M A

STUDENT'S PERMANENT RECORDS

Name: **BERMEJO, HONEY JOYCE M.** Date of Birth: 10/4/2000
Address: **UNITO LUN-OC, LAKULI, CEBU CITY** District: **TERESA**
Nationality: **ECUANO** Religion:
Place of Birth: **OSONGA, CEBU** LNU: **T19893000-31**
Parent/Guardian: **MR. & MRS. BERMEJO**
Immediately Course Completed: **LAHUG ELEMENTARY SCHOOL** YEAR: **2012-2013**
Secondary Course Completed: **ABELLANA NATIONAL SCHOOL** YEAR: **2016-2017**

ACADEMIC STRAND: SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS					ACADEMIC STRAND: SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS				
REPORT ON LEARNING PROGRESS AND ACHIEVEMENT					REPORT ON LEARNING PROGRESS AND ACHIEVEMENT				
Senior High School Level (Grade 11)		School Year: 2017-2018			Senior High School Level (Grade 11)		School Year: 2017-2018		
Division: STEM N12					Division: STEM N12				
School: SOUTHWESTERN UNIVERSITY					School: SOUTHWESTERN UNIVERSITY				
FIRST SEMESTER					SECOND SEMESTER				
Code No.	Description	Quarter 1	Quarter 2	Semester Final Grade	Code No.	Description	Quarter 1	Quarter 2	Semester Final Grade
COB 001	Calculus (Calculus)	85.00	84.00	84.50	COB 002	Calculus (Calculus)	81.00	81.00	81.00
COB 002	Calculus (Calculus)	84.00	84.00	84.00	COB 108	Calculus (Calculus)	86.00	86.00	86.00
COB 003	Calculus (Calculus)	81.00	80.00	80.50	COB 206	Calculus (Calculus)	86.00	85.00	85.50
COB 007	Calculus (Calculus)	83.00	80.00	81.50	COB 010	Calculus (Calculus)	83.00	80.00	81.50
COB 011	Calculus (Calculus)	84.00	86.00	85.00	COB 013	Calculus (Calculus)	87.00	84.00	85.50
COB 012	Calculus (Calculus)	81.00	83.00	82.00	COB 014	Calculus (Calculus)	83.00	81.00	82.00
COB 017	Calculus (Calculus)	81.00	83.00	82.00	COB 016	Calculus (Calculus)	82.00	81.00	81.50
APP 001	Advanced Placement	85.00	82.00	83.50	APP 005	Advanced Placement	83.00	81.00	82.00
STM 001	Mathematics	85.00	88.00	86.50	STM 002	Mathematics	83.00	81.00	82.00
General Average for the Semester: 83.25					General Average for the Semester: 81.94				

ACADEMIC STRAND: SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS					ACADEMIC STRAND: SCIENCE, TECHNOLOGY, ENGINEERING, & MATHEMATICS				
REPORT ON LEARNING PROGRESS AND ACHIEVEMENT					REPORT ON LEARNING PROGRESS AND ACHIEVEMENT				
Senior High School Level (Grade 11)		School Year: 2018-2019			Senior High School Level (Grade 11)		School Year: 2018-2019		
Division: STEM N12					Division: STEM N12				
School: SOUTHWESTERN UNIVERSITY					School: SOUTHWESTERN UNIVERSITY				
FIRST SEMESTER					SECOND SEMESTER				
Code No.	Description	Quarter 1	Quarter 2	Semester Final Grade	Code No.	Description	Quarter 1	Quarter 2	Semester Final Grade
SYM 004	Mathematics	83.00	84.00	83.50	SYM 005	Mathematics	83.00	82.00	82.50
STM 005	Mathematics	84.00	82.00	83.00	STM 006	Mathematics	84.00	84.00	85.00
STM 007	Mathematics	81.00	84.00	82.50	STM 008	Mathematics	84.00	81.00	82.50
APP 002	Advanced Placement	86.00	81.00	83.50	APP 004	Advanced Placement	81.00	86.00	83.50
APP 006	Advanced Placement	82.00	86.00	84.00	APP 007	Advanced Placement	85.00	84.00	84.50
COB 015	Calculus (Calculus)	87.00	83.00	85.00	APP 008	Advanced Placement	87.00	86.00	86.50
COB 019	Calculus (Calculus)	85.00	86.00	85.50	APP 009	Advanced Placement	82.00	84.00	83.00
General Average for the Semester: 81.14					General Average for the Semester: 81.22				

REMARKS: **COPY FOR CEBU NORMAL UNIVERSITY**
CERTIFY that this is true record of **BERMEJO, HONEY JOYCE M.** This student is eligible on this 2nd day of July 2023 for admission to COLLEGE and has no liability or property responsibility in this school.

GRADUATED April 3, 2019

Signature of Registrar

ANGELITA P. CANENE, DPA
University Registrar

SWU REGISTRATION DIVISION

Southwestern University - Via Arca, Ugebo St., Cebu City Philippines - 6000 T: +63 32 415 5550 | www.swu.edu.ph

CERTIFIED TRUE COPY: July 15, 2023
JASON P. SABEQUIL, LPT
University Registrar III



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
This certificate, including and subject to its contents,
shall be subject to the provisions of the Civil Code of the Philippines.

REGISTRATION

Province: CEBU Registration No.: 0121-1-000
City/Municipality: CEBU

1. NAME First: JOSE Middle: JOSE Last: DELA CRUZ

2. SEX Male Female **3. DATE OF BIRTH** Month: 04 Day: 08 Year: 2020

4. PLACE OF BIRTH State of Republic/Province/City/Municipality: CEBU District: CEBU Division: CEBU

5. TYPE OF BIRTH Single Multiple Birth, Child No. 1

6. BIRTH ORDER (For multiple births, indicate by adding the order of birth)
1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

7. MOTHER'S NAME First: ROSARIO Middle: ROSARIO Last: DELA CRUZ

8. FATHER'S NAME First: JOSE Middle: JOSE Last: DELA CRUZ

9. CITIZENSHIP Philippine Foreign Stateless

10. OCCUPATION Student Professional Other

11. RESIDENCE (House No., Street, Barangay, City/Municipality, Province)
1234567890 ABCDEF GHIJKL

12. NAME First: JOSE Middle: JOSE Last: DELA CRUZ

13. CITIZENSHIP Philippine Foreign Stateless

14. OCCUPATION Student Professional Other

15. SEX AND PLACE OF MARRIAGE OF PARENTS (If a valid marriage certificate is submitted, indicate the date and place of marriage of the parents in the back)

16. ATTENDANT None Other

17. CERTIFICATION OF BIRTH
I hereby certify that the above details of the child are true and correct.
Signature: [Signature] Date: July 15, 2021
Name: JASON P. SABEQUIL
Title: Registrar

18. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL
Signature: [Signature] Date: July 15, 2021
Name: CLARE DENNIS S. MAIN
Title: Principal Statistics Authority

00181

37089-21-ADD-00-01735-8001
BEST POSSIBLE MADE
INTERNET

With
02246-0000007
Documentary
Stamp Tax Paid

CSM
CLARE DENNIS S. MAIN, Ph. D.
National Statistician and Civil Registrar General
Principal Statistics Authority

CERTIFIED TRUE COPY: July 15, 2021
JASON P. SABEQUIL, LPT
University Registrar III

"Quality with Integrity"